Annual Review 2010
Creating space to think

The Health Foundation
Inspiring Improvement

CREATING SPACE

About us

The Health Foundation is an independent charity working to continuously improve the quality of healthcare in the UK.

We want the UK to have a healthcare system of the highest possible quality – safe, effective, person-centred, timely, efficient and equitable. We believe that in order to achieve this, health services need to continually improve the way they work.

We are here to inspire and create the space for people to make lasting improvements to health services. Working at every level of the system, we aim to develop the technical skills, leadership, capacity and knowledge, and build the will for change, to secure lasting improvements to healthcare.

We achieve this by:

- identifying evidence for change and best practice, through commissioning and synthesising research and evaluation
- creating opportunities to innovate and test ideas in practice
- demonstrating improvement in practice by working with partners and health services to implement large-scale improvement programmes
- encouraging and inspiring transformation by sharing the evidence for change and supporting health services to put it into action.

Our people

We have a team of 65 people working in our London office, led by our Chief Executive, **Stephen Thornton**, and the executive team:

Jo Bibby
Director of Improvement Programmes

Helen Bradburn
Director of Public Affairs and Communications

Annette Clinnick
Interim Director of HR & Organisational Development

Kate Husselbee
Director of HR & Organisational Development (Maternity leave from Oct 2010)

Martin Marshall
Clinical Director and Director of Research and Development

Margaret Morley
Acting Director of Finance (Sick leave cover from May 2010)

Jonathan Sheldon
Director of Finance and Administration (Sick leave from April 2010)

Dale Webb
Director of Evaluation & Strategy.

Thank you

Our work would not happen without the dedication and imagination of our staff, our board of governors, our delivery partners, our research and evaluation providers, and the many healthcare organisations putting improvement into practice.

This annual review looks back on 2010 – highlighting what we've achieved over the year, sharing our learning and also explaining why some areas of work have been a challenge. We also share our plans for 2011 and the new strategic priorities that will guide our work over the next two years.

Introduction

The health service is under intense pressure. As an independent foundation, it is more important than ever for us to create the space for those working in the service to step back and look at ways to meet the current challenges.

In 2010, we reviewed our strategic direction with these challenges in mind. We are continuing with our strategic priorities, but we have updated them to reflect the current challenges facing the UK health services and added a new one. Our new strategic priority – inspiring improvement in value for money – gives a greater coherence and prominence to the work we have already started in this area (see Shine p23) at a time when health services are feeling under increasing financial pressure.

We are testing ideas and demonstrating what works in practice through improvement programmes across all our areas of work. We are currently working with over 300 organisations and over 20 delivery partners across all four countries of the UK.

In 2010, our Closing the Gap: Changing Relationships programme expanded our work to demonstrate that changing the relationship between people and health services can improve the quality of care. We now have the largest portfolio of work in this area in the UK.

We also developed an experimental and innovative new strand to our work which we are calling Organising to Connect. Through this work we will support and stimulate networks of people leading quality improvement. We believe that networks are becoming increasingly important as a way for people to focus on improving quality, and that they will grow in importance as health services seek to save money by cutting traditional support. However, good practice in networking is often not applied.

During 2010 we reviewed the evidence and interviewed key network experts to find out how best to support networks to improve quality. Based on this good practice, we have developed an approach to nurturing networks across our programmes and supporting external networks. The roll-out of the programme will begin in 2011 and interest is already growing.

CHALLENGES
STAFF CUTS
LACK OF PATIENT DIGNITY
FINANCIAL CUTBACKS
COMPLEXITY OF HEALTHCARE

Busy healthcare professionals can find it an overwhelming task to find the space and time to find solutions to the challenges facing the UK health services.

Influencing the new government from its inception was an important part of our work this year. We set out our views about what is needed to improve quality in response to the the white paper *Equity and excellence: Liberating the NHS.* We developed a series of consultations to influence their ambitious and wide-ranging reform agenda. Our responses have been closely informed by our learning and the best evidence about the possible impact on quality. Our constructive approach has meant that our views have been listened to.

The clearest reflection of this was that the government introduced a duty of continuous quality improvement in the Health and Social Care Bill for the NHS in England. They recognised that this was partly in response to the concerns we expressed about the focus on quality and safety being at risk of getting lost in the proposed new system. We have also worked closely to inform the development of the English NHS Commissioning Board so that it has sufficient capacity and capability for quality improvement and safety. We have noticed considerable interest in the learning from our work on shared decision-making and supported self-management, after the government has said the agenda of 'nothing about me, without me' is at the heart of their reforms.

Our move to systematically build a rigorous evidence base for improvement through our research and evaluation programmes continues to be a central component of our work.

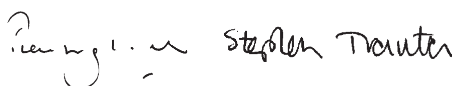
We developed a striking new identity to help people understand what we do and encourage them to take up ideas, learning and knowledge from across all of our work to improve the quality of health services.

We launched a new interactive website as a lighthouse for quality and to showcase more of our work. As part of the website development, we launched our new blog, which features comment and opinion from Health Foundation people and from those who have worked with us over the years. Visitors can share their views and join the debate by posting comments on the blog and on a range of other pages. Website visitors are up 20%, at nearly 39,000 in October-December 2010, compared with 32,500 at the same time in 2009.

Working with our new network of improvement science leaders, we developed our Improvement Science Fellowships – a new improvement-oriented research training programme. Improvement science is an emerging discipline that seeks to build a knowledge base for improving health services and to translate this knowledge into practice to deliver the best possible patient care. Our programme launched in late 2010 and the fellows will begin work in the summer of 2011.

Going forward, we will put a greater focus on encouraging others to consider our learning, connect with each other and change their policies and practices.

With the changes to the healthcare landscape and the pressures of the financial climate, it is even more important than ever for us to provide protected space, time and resources for people working to improve the quality of healthcare.



Sir Alan Langlands, Chair, the Health Foundation and Stephen Thornton, Chief Executive, the Health Foundation

Our position as an independent foundation means that we can take a step back, creating the space for people within the service to think, helping them to find new ways to improve UK healthcare.

Our work in 2010

We work with the UK health services to continuously improve the quality of healthcare in the UK. In 2010, we worked with over 300 organisations, and over 20 delivery partners dedicated to making healthcare safe, effective, person-centred, timely, efficient and equitable. We report our achievements against our 2010 strategic priorities here.

In 2010 our strategic priorities were:

— improving the quality of care by transforming the dynamic between people who use services and those who provide them

— engaging with clinical communities to improve healthcare quality and value

— transforming organisational approaches to patient safety

— developing leaders to improve health and health services

— building and promoting knowledge on how to improve care.

Improving the quality of care by transforming the dynamic between people who use services and those who provide them

We want to change the relationship between individuals and their health services by encouraging people to take a more active role in their own health. This improves the quality of health services and makes them more person-centred. The Health Foundation highlights good practice and supports the NHS to demonstrate large-scale innovative approaches. Then we share our learning about what works.

In 2010, we expanded our range of improvement programmes, giving us the largest portfolio of work in this area in the UK. We've also made new links with a wide range of people and organisations to start a broader conversation about how to change relationships between people and health services.

SHARED DECISION MAKING
CO-CREATING HEALTH
ACTIVE PATIENTS
CHANGING RELATIONSHIPS
HEALTHY LIVES
TRANSFORMING RELATIONSHIPS
PARTNERSHIP
PROGRESSIVE HEALTHCARE
PERSON CENTRED CARE

Achievements in 2010

Supporting people to make decisions that are right for them

Rather than having decisions made for them by clinicians, people value being informed about their options and supported to make decisions that are right for them. Shared decision making is an approach to healthcare that encourages collaboration: bringing together the expertise of the clinician and the individual's knowledge of their own circumstances.

Our MAGIC (Making Good Decisions in Collaboration) programme began work in 2010. Teams from Newcastle and Cardiff NHS trusts are testing ways to encourage the use of shared decision making techniques in different clinical settings. We are already seeing increased interest and awareness.

www.health.org.uk/magic

Our *Implementing shared decision making in the UK* report by Angela Coulter has been widely shared and was downloaded over 400 times between August and December 2010. Evidence from this report fed into the Conservative Party consultation on the personal ownership of health records.

www.health.org.uk/publications

The patient will see you now

In July 2010 we published *The patient will see you now*, a supplement in the Health Service Journal. It featured examples of our work and explained to a wider audience how reshaping relationships between people and health services can improve the quality of care. The supplement was distributed to 56,000 people and was downloaded over 1,500 times between June and December 2010.

www.health.org.uk/publications

Investing in new relationships to improve care

In 2010 we developed Closing the Gap: Changing Relationships. This £4 million programme explores broader approaches to transforming relationships between patients and health services. We invited partnership applications from a wide range of organisations including NHS trusts and voluntary organisations. Eight partnership teams were selected, beginning their work in 2011. They are exploring a range of innovative approaches, such as giving patients access to health records and redesigning antenatal services.

www.health.org.uk/relationships

Challenges

There are two areas where we still want to have greater impact:

— We need to build stronger evidence about Co-creating Health's positive impact on services, to complement the proven benefits for staff and patients. This will be a focus in phase two.

— Through our Closing the Gap: Changing Relationships programme we were looking to fund some projects that focused on communities and health services but we did not receive enough high quality applications in this area. We will explore how best to address this in 2011.

Achievements in 2010

Improving the lives of people with long term conditions

People with long term conditions can improve their health and quality of life by taking a more active role in managing their own condition. But to do this, they need to build confidence and skills in self management. They also need expert support and motivation from their clinicians and healthcare systems that operate very differently to those we have today.

During 2010 we completed phase one of our Co-creating Health programme. We worked with eight NHS sites to demonstrate the best way to embed self management support at the heart of mainstream healthcare.

We delivered three interlinked training and development programmes. Between 2007 and 2010 more than 450 clinicians and over 1,000 people with long term conditions were trained in self management support techniques. Our Service Improvement Programme also focused on redesigning systems and services to support self management.

Individuals who took part say they have not only developed better self management techniques, but also now have more constructive attitudes to their condition and improved emotional wellbeing.

'I'm a different person. I think now I'm the person that I wanted to be all along, but couldn't see out of my depression. I'm back in college, establishing new friendships and relationships, taking care of myself more, accepting aspects of my life will always be the way they are, but I have the tools with which to deal with them and the space and time to think about how I want to manage things.'

Sadie McKensie
South West
London

Individuals also tell us that their relationships with clinicians have changed. Donald MacIntosh from NHS Ayrshire and Arran explained: 'With the doctors, particularly, I've found that I'm more at ease and can ask questions that I didn't ask before and I get replies back that I find very helpful indeed!'

Clinicians report finding the advanced development programme tools and techniques very helpful to their practice. Cathy Jenkins, diabetes nurse specialist at Whittington Hospital NHS Trust said: '[It] has given me a more structured approach to consultations, such as shared agenda setting. It helped to be very explicit about drawing out the patient's agenda...'

In January 2011, we moved into the second phase of the programme, which will run until August 2012. We are working with seven sites to spread and sustain the Co-creating Health model of self management support.

Interest in the model has also shaped wider activity, in particular the long term conditions stream of the Department of Health's Quality, Innovation, Productivity and Prevention programme. One of the programme's sites, Calderdale and Huddersfield NHS Foundation Trust, won the HSJ Award's Acute Trust of the Year. The judges reported that the Trust's involvement in Co-creating Health was central to its success. The programme was also highlighted as an exemplar of quality improvement in the *NHS Scotland Chief Executive's 2009/10 Annual Report* (p33).

To find out more about Co-creating Health visit www.health.org.uk/cch

Engaging with clinical communities to improve healthcare quality and value

We provide space and support for clinical teams to learn about and test out new approaches to improving patient care. We also encourage professional bodies to think differently about how best to improve care for patients and about their role in promoting systematic approaches to improvement.

Our work highlights the importance of building partnerships within and between professional bodies and with other key stakeholders. This enables us to build on current good practice, while also engaging with established values and professional practices.

Achievements in 2010

Working with professional bodies to improve care

We established the *Care Homes Use of Medicines Study (CHUMS)*[1], which reviewed medication pathways in care homes to identify errors and their potential for causing harm.

CHUMS has now formed a steering board with membership from across the medical royal colleges. The group gathered testimonies from care home residents and carers, which will be published by the Health Foundation and Age UK in 2011. This learning will inform the next phase – a large scale improvement project in partnership with the Department of Health.

There is now a consensus that improving medication safety in care homes is a system-wide issue. The work has led to a groundbreaking quality improvement partnership between the Royal College of Nursing, the Royal Pharmaceutical Society, British Geriatric Society and Age UK.

www.health.org.uk/chums

A foundation for the future

In 2010 we worked with the Royal College of Physicians and participating deaneries to test how quality improvement projects could be incorporated into core medical training. Our Quality Improvement Fellows mentored junior doctors in six pilot sites and provided tools and resources for the trainees and supervisors. We also helped with evaluation to support the spread of good practice. By March 2011, 50 trainees will have undertaken a quality improvement project. Fellows have welcomed this opportunity to apply their learning to improve the quality of clinical care.

Providing support for clinical teams

Stroke 90:10 is a two-year improvement collaborative in which we supported NHS North West in partnership with the Advancing Quality Alliance. A total of 26 hospitals signed up to a shared ambition to work together to achieve a score of 90 or greater on the 2010 Stroke Sentinel Audit. It is the first time that a stroke improvement programme has been attempted on this scale. The teams worked to improve staff compliance with key processes of care both in the early hours after a stroke and then during rehabilitation. The data are currently being analysed in detail but early results suggest a significant improvement in stroke care in these areas.

www.health.org.uk/stroke9010

Clinicians leading improvement

In 2010 we launched our Closing the Gap through Clinical Communities programme. Eleven teams are working to improve the quality and safety of care in their clinical areas, bridging the gap between current and best practice. Projects range from improving care for newborn babies with brain injuries to reducing the rate of blood borne viruses among people with substance misuse problems.

Visit www.health.org.uk/ctgclincomm to find out more about the projects.

Challenges

We had planned to work with the Royal College of Physicians on developing a model of service accreditation for stroke care. We decided not to progress this project because accreditation does not appear to be on the policy agenda of the new coalition government.

Another planned piece of work with the Royal College of Obstetricians and Gynaecologists, to develop a new data system to track quality of care for maternity services, was not forthcoming due to their priorities changing.

[1] Care Homes' Use of Medicines Study: prevalence, causes and potential harm of medication errors in care homes for older people. Barber ND, Alldred DP, Raynor DK, Dickinson R, Garfield S, Jesson B, Lim R, Savage I, Standage C, Buckle P, Carpenter J, Franklin B, Woloshynowych M, Zermansky AG. *Quality and safety in healthcare* 2009 Oct;18(5) : 341-6

Achievements in 2010

Improvements in primary care

Engaging with Quality in Primary Care was our £5 million improvement programme providing space and support for clinical teams to learn about and test out new approaches to improving patient care. Over the last three years, nine teams have been working on a wide range of projects to improve the quality of healthcare. Here we highlight one of the projects.

Domestic violence has profound health consequences, particularly for women. It is a major public health issue, and a risk factor for long term ill health and premature death. Nevertheless, in primary care it is often under-recognised and under-treated.

IRIS (Identification and referral to improve safety) is improving the care for women who are experiencing domestic violence. It provides training and support for GP practices to increase referrals to specialist support services. It has been a positive example of how a focus on partnership working and person-centred care can produce notably successful results. The project has also provided new insights into what it means to be a healthcare professional.

IRIS educates healthcare professionals to do more than simply treat the condition that they are presented with. It helps clinicians to identify women who are experiencing domestic violence and increases referrals to specialist support services. The programme provides training and support for all primary care staff, including administrators and receptionists. It also bridges gaps between the voluntary sector and GP services, harnessing the strengths of each to provide better services for vulnerable women.

Service users have played an important role in developing the programme. Several of the women who were helped by the initial IRIS project have since taken on roles as advisors, collaborators, and researchers.

A GP in Bristol, who took part in IRIS, believes that she is now more likely to pick up domestic violence.

‘IRIS is a well-presented, simple approach, and although it is one of many new services that we are offered, it is one that stood out as useful because it works... I probably didn’t really ask about domestic violence before IRIS, but I do ask regularly now, and I’m pleased that patients are willing to take our domestic violence leaflets and other information, and accept help.’

GP participant
Bristol

We have continued to support this project and IRIS is now being implemented on a wider scale, with a target to roll it out across 12 primary care trusts.

Find out more about IRIS at www.health.org.uk/iris and our Engaging with Quality in Primary Care programme at www.health.org.uk/ewqpc

Transforming organisational approaches to patient safety

Studies suggest that around one in 10 patients admitted to hospital experience some form of harm. These incidents cause pain and suffering, damage confidence in the NHS, demoralise staff and result in huge costs to healthcare.

We support a range of work to improve patient safety. By making healthcare systems and processes more reliable we believe we can reduce avoidable harm. In 2010, we also identified new approaches that helped to transform organisational systems and improve patient safety.

LEADERSHIP
ENGAGEMENT
UNDERSTAND ORGANISATIONAL CONTEXT
PATIENT SAFETY
IMPROVING PATIENT FLOW
SELF-SUSTAINING NETWORK
BUILDING CAPABILITY
HEALTHCARE
RELIABLE
BUILDING NATIONAL LINKS
REDUCING HARM
SYSTEMS APPROACH TO SAFETY

Achievements in 2010

Network approach to patient safety

In 2010 we continued to support the *Safer Patients Network*, a virtual network of 18 pioneering acute trusts who are exploring new approaches to improving patient safety. Innovations include improving junior doctor organisational awareness and a project to investigate antibiotic prescribing compliance.

The ‘pass it on’ project helps to build capability for improvement by encouraging members to share skills and learning outside their organisation. For example, NHS Cardiff and Vale University Health Board have made significant reductions in the incidence of pressure sores and are now passing on this learning to other healthcare organisations.

www.health.org.uk/spn

Building national links to reduce harm

Our work has engaged with national patient safety initiatives in each of the UK countries. The Welsh 1,000 lives campaign ended in 2010 and achieved its goals. The campaign continues as 1,000 Lives+ and we continued to support this campaign in 2010 funding a series of ‘how to’ improvement guides.

In England, we co-funded Patient Safety First, which came to an end in March 2010. Over the two year campaign 161 acute trusts and 140 non-acute trusts had participated. During this period acute trust boards have moved safety up their agenda with 61% of acute trusts having patient safety and quality as their board meeting’s first agenda item. This was a significant increase from 2009 where the proportion was just 18%.

The Scottish Patient Safety programme has also realised significant reductions in critical care infections across Scotland.

Building regional links to reduce harm

Our partnerships with four strategic health authorities (NHS North West, NHS North East, NHS South Central and NHS South West) continued through 2010. We have supported them to develop their patient safety infrastructures, test different programme approaches and understand which measures are effective in spreading safety improvement. The Department of Health’s Safety Express Quality, Innovation, Productivity and Prevention (QIPP) programme has been informed by the model developed by NHS North West.

www.health.org.uk/sha

Linking patient flow and safety

Our Flow, Safety, Cost programme focuses on the relationship between patient flow and outcomes in two NHS hospital trusts. It is examining patient flow through the emergency care pathway and testing ways to prevent queues and poor outcomes for patients. Early evidence is showing positive outcomes including reduced waiting times in A&E and fewer hospital admissions following an emergency visit. Learning from the programme was presented at the 2010 Patient Safety Congress. An article based in part on learning from Flow, Safety, Cost was also published in *Clinical Medicine* in October 2010.

Early evidence suggests the average length of time in A&E has been reduced by 20 minutes for all patients and there has been a reduction in the number of patients being admitted to the hospital because more patients were being discharged directly from A&E.

www.health.org.uk/flowsafetycost

Challenges

During 2010 we supported organisations who participated in our Safer Patients Initiative to continue to work and learn together as the Safer Patients Network. This has highlighted the challenges of moving from a ‘set’ programme approach to a loosely structured potentially self sustaining, network. We are drawing on this learning to develop our understanding and expertise in supporting a wider set of networks in 2011.

Achievements in 2010

Safer Clinical Systems – a shift in thinking

In 2009, our learning from our Safer Patients Initiative highlighted the need to take a systems approach to improving safety. We also commissioned separate research into the reliability of NHS healthcare systems (see page 22).

Our Safer Clinical Systems programme examines the wider system of care in order to improve safety. It is testing and demonstrating ways to make healthcare more reliable and reduce the number of failures in clinical systems, which can lead to harm to patients.

During the first phase, which ended in 2010, experienced teams from five NHS trusts worked with expert advisors from the University of Warwick to design a fresh approach to safety improvement. The approach helps healthcare teams to proactively identify and manage potential risks. This enables them to build safer and more reliable healthcare systems.

We have learnt a great deal from the programme so far, including the importance of understanding the organisational context and the underlying conditions that influence patient safety.

We now know that for 'system' improvements to work there needs to be:

— engaged leadership at board and clinical level

— good teamwork

— clear accountability from all staff

— a learning system which involves continual feedback

— clear measurement processes

— use of formal improvement and change methods.

However, we've also learnt that bringing these elements together at unit or organisational level is complex, which makes improving the safety of systems a difficult task.

This early learning is generating interest. Hereford NHS Hospitals Trust presented their proactive risk tool at the Patient Safety Congress in 2010. NHS Bolton and Royal Bolton Hospital NHS Foundation Trust also presented elements of their work at the National Forum on Quality Improvement in Healthcare 2010 in the US.

In 2011, we will recruit and begin work with up to eight healthcare organisations to implement and test the Safer Clinical Systems approach on two areas: the handover of clinical information and prescribing safety.

Find out more: www.health.org.uk/scs

Developing leaders to improve health and health services

Effective, skilled leaders lie at the heart of making lasting improvements to healthcare. They champion change and encourage ambition, focus and innovation in others. We have achieved a critical mass of leaders in the system in active and senior leadership roles, who we are encouraging to come together as a network to provide high profile leadership for improving quality in health.

Throughout 2010 we have continued to design and deliver innovative leadership and organisational development programmes to help make change happen.

Achievements in 2010

Learning from our leadership evaluations

In 2010 we developed an external evaluation of our range of leadership programmes: *What's leadership got to do with it?* This evaluation showed that quality of relationships, empathy and an ability to work with others are critical to effective leadership of quality improvement; and that these leadership behaviours become increasingly important as the improvement work becomes more complex. Leaders need both relationship skills and technical skills to take forward quality improvement.

www.health.org.uk/publications

Empowering clinicians and managers

In 2010, our final Health Foundation Leadership Fellowships came to an end. Over seven years this multi-disciplinary leadership programme has offered personal and professional development to participants. In total we have recruited and developed 80 mid-career clinicians and managers from a range of disciplines. Fellows have implemented improvements to their local services such as developing new patient pathways and improving discharge processes. Many of the fellows have also been involved in significant quality improvement initiatives at regional and national levels.

A Health Foundation Leadership Fellow said, 'Within my GP practice we have developed our own internal quality improvement framework, which is reviewed and refreshed monthly. We have a GP champion for quality improvement, and have invested in administrative and audit support for the process. We now produce a monthly performance report for the practice, and action plans against it.'

www.health.org.uk/hflf

GenerationQ

GenerationQ is a pioneering leadership programme, designed to develop a new generation of Health Foundation fellows who are skilled and effective leaders of quality improvement in healthcare. It builds on the knowledge and experience we have gained from managing a wide range of leadership development programmes. Evaluation of these programmes shows that improvement is best achieved by leaders who have both personal and quality improvement skills.

The programme develops leaders who understand how complex health systems work and can inspire others to transform quality and bring about system-wide change. Run by our partners, Ashridge and Unipart, it was validated as a Masters programme in 2010. Having started in in 2010, the first 18 participants are now halfway through the programme, implementing improvements across different systems to benefit patient care.

www.health.org.uk/generationQ

Supporting the science of improvement

In 2010, we developed our Improvement Science Fellowships to make a major contribution to this emerging area of expertise. Our post-doctoral fellowships provide funding for salary and research costs, alongside a package of support, supervision and leadership development. The fellows also have access to experts from the International Network of Improvement Science, which we set up in 2010. The network will provide supervision to the fellows, thought leadership on the development of the discipline of improvement science and advocacy for its application in healthcare.

www.health.org.uk/isf

Engaging boards in quality improvement

In July 2010 we published *Quality Improvement Made Simple*. We have distributed over 1,000 printed copies and had around 840 downloads. The publication has inspired versions by the Scottish Patient Safety Programme, Scotland and 1,000 lives+, Wales. It also informed the National Quality Board's publication on quality governance.

www.health.org.uk/qimadesimple

Supporting clinician scientists

We continue to support leading clinical researchers to conduct research that will result in direct improvements in clinical practice. With guaranteed funding for five years, the Health Foundation/Academy of Medical Sciences (AMS) Clinician Scientist Fellowships enable fellows to pursue academic research with clinical practice.

Find out more about the 11 current fellow's work at: www.health.org.uk/csf

Challenges

We want to have greater impact in the following areas:

- Building lasting relationships with the fellows of our leadership programmes so that their experience can inform and shape our work, passing on our wider learning to other leaders and practitioners.
- Providing a greater focus on the factors that create the organisational context for effective leadership for improvement.

Both these areas will be a priority for 2011.

Achievements in 2010

Developing leadership for quality improvement

Our Quality Improvement Fellowships enable senior, clinically qualified healthcare leaders to spend a fully-funded year at the Institute for Healthcare Improvement in the US, combining academic and practical learning in quality improvement. The Fellowship programme aims to build the UK's capability for quality improvement by establishing a group of leaders with the skills, expertise and enthusiasm to spread improvements in healthcare.

Over the last seven years, our Quality Improvement Fellowships have supported 22 senior clinicians. On their return to the UK, fellows have been able to use their learning and experience to influence government policy, work within improvement agencies, and/or within their health systems to improve quality and make a real impact on service improvement.

Quality Improvement Fellows include:

— Maxine Power, a fellow in 2006, is currently the National Improvement Advisor leading the safer care workstream of the Quality, Innovation, Productivity and Prevention programme

— Jason Leitch, a fellow in 2005, is National Clinical Lead for Safety and Improvement in the Scottish Government

— Susan Went, a fellow in 2007, is an expert in healthcare quality improvement working with the Royal College of Physicians, the Royal College of General Practitioners and the Royal College of Psychiatrists

— Brian Robson, a fellow in 2009, is now Medical Director for Quality Improvement Scotland

— Joanne Watson, a fellow in 2008, is Clinical Lead Consultant in Diabetes and Endocrinology at Taunton and Somerset NHS Trust and clinical lead for the Hospital Pathways programme run by the Health Foundation and the King's Fund Point of Care programme.

Fellows say that the programme provided powerful learning about how to introduce quality improvement and use the different approaches to it.

Positve feedback
Fellows returning in 2010

'In a year's time I want to have: embedded my learning back in the NHS, supported others to make measurable improvements and shared skills and knowledge in UK. The fellowship provided valuable time to learn, reflect and focus on my plans for quality improvement in my trust.'

In 2010, we recruited four new fellows who began their fellowships in March 2011.

To listen to the experiences of the 2009/10 Quality Improvement Fellows visit: www.health.org.uk/qifs2010

Build and promote knowledge on how to improve care

Our research and development expertise helps to build knowledge and evidence about how to improve quality in the health system. We promote the use of this knowledge base by decision makers at all levels of the system and endeavour to make a significant contribution to framing and developing the emerging agenda for the science of improvement.

This year we have built new partnerships with academics around the world. Our research covers a broad approach of systematic reviews, original research and case studies to explore what works to improve the quality of care.

Achievements in 2010

The wider influence of our research in practice

In April 2010 we hosted the Vin McLoughlin Colloquium on the Epistemology of Improving Quality. The five-day event brought together 30 leading scholars from a diverse range of clinical and academic disciplines to explore leading ideas and knowledge of healthcare improvement.

The group explored: the knowledge that can inform the improvement of healthcare; the ways that knowledge systems contribute to taking action for the improvement of care; the engagement of clinicians and others; and the knowledge that underpins evaluation and its future development. Findings were published in a special supplement of *BMJ Quality and Safety* in April 2011.

We held the 2010 International Quality Improvement Exchange (IQIE), the annual quality improvement forum for healthcare leaders across Europe. We are also actively involved in the Health Services Research Network run by the NHS Confederation. We presented our research at their annual conference, where we also ran a workshop and distributed over 1,200 copies of our research publications to delegates.

Learning from practice, a case study in leadership

In 2010 we launched our series of case studies, which capture compelling stories about improvement in practice. Our first publication focused on the Beth Israel Deaconess Medical Center in the US. The centre turned itself around despite facing similar challenges to the NHS: financial crisis, problems with systems, quality and safety, and poor staff morale. The case study is available in print and on our website, with added video content.

www.health.org.uk/bethisrael

Strengthening our use of research in our work

In 2010 we commissioned a range of best evidence reviews, case studies and improvement reports. In total seven new research publications were published.

Visit www.health.org.uk/publications to view our latest research reports.

We strengthened our internal approach to using evidence by putting in place monthly research scans and bespoke evidence reviews across our priorities to raise awareness of the latest research, and inform our improvement programmes and research commissioning.

Improving our understanding of the links between quality and cost

Our evidence review by John Ovretveit, *Does improving quality save money?* has been influential in discussions about how to respond to the current financial constraints in the NHS and was recommended at several conferences focused on the QIPP agenda by Jim Easton, National Director for Improvement.

Our value for money research is led by Professor Gwyn Bevan (London School of Economics) and Professor Peter Smith (Imperial College London). So far we have produced five research reports on topics such as the effectiveness of commissioning, and tools and methods for determining value for money in healthcare. Through these reports the work is reaching a wide range of commissioners, policy makers, academics and professional bodies.

Challenges

Adopting innovative ways of promoting a more research-based approach to improvement has not been without its risks. The delivery models for our major research products did not all work effectively and as a consequence we have delayed producing a number of our publications.

Achievements in 2010

How safe are clinical systems? Finding the evidence

Our Safer Patients Initiative highlighted the need to take a system-wide approach to improving safety, as failings in clinical systems often contribute to breakdowns in patient safety. We commissioned research[2] to look at variations in systems and how this was impacting on patient safety. This provided groundbreaking evidence of the extent to which clinical systems and processes fail, and the potential these failings have to harm patients.

The study found variation in the reliability of five key systems and processes. These were:

— availability of information when making clinical decisions for outpatients

— prescribing

— handover of clinical information

— availability of equipment in operating theatres

— availability of equipment for inserting intravenous lines.

Our findings suggested that improvement could be achieved in several ways, including:

— improving feedback mechanisms about errors

— using standard procedures to reduce variation

— improving communication

— developing a culture of challenge

— encouraging a sense of ownership of problems.

We looked at surgical outpatients clinics to find out how often information is missing, how the doctor proceeded, and what risks were posed to patient safety.

Overall, we found that 15% of outpatient appointments were affected by missing information. Of those patients with information missing, 32% experienced a disruption in their care and in 20% of cases there was a perceived risk of harm in the opinion of the doctor. Full clinical information was not available at around one in seven outpatient appointments.

In 2008–09 there were approximately 66 million outpatient appointments in England, Scotland and Wales. If our findings from the three hospitals we surveyed are typical, that suggests that important clinical information is missing from 10 million of these, and as a result, 2 million patients may be exposed to the risk of harm.

This was the first study to analyse reliability in healthcare in this manner. Our most popular report in 2010, *Safer Patients Initiative*, has stimulated wide discussion and received much positive feedback, for example:

'This is excellent and provides evidence in a clear form for those things which we have thought but been unable to influence for some time.' Mike Cheshire, Clinical Vice President, Royal College of Physicians

[2] The research was carried out by Imperial College, London; Warwick Medical School, University of Warwick; Imperial College Healthcare NHS Trust, London; The School of Pharmacy, University of London.

Our cross-cutting work

Innovating to save money

Our annual Shine programme aims to stimulate thinking, activity and the development of innovative approaches that will improve healthcare quality. It gives teams the space and encouragement to try out, develop and evaluate new ideas.

In 2010, 18 Shine teams started working on projects to explore and test innovative approaches that could release cash while improving quality. All the Shine 2010 projects have reported on the progress and success in meeting their project aims. Early reports from Shine teams are showing that seven have put in place significant service changes that have improved quality and five are reporting potential for real cost savings.

To read more about Shine 2010 visit: www.health.org.uk/shine2010

We had over 80 applications for Shine 2011, and in December 2010 we made 14 awards to projects that aim to improve quality of patient care and save costs by reducing the use of hospital care.

To read more about Shine 2011 visit: www.health.org.uk/shine2011

MaiKhanda: Improving the quality of care for mothers and newborns in Malawi

Our MaiKhanda programme in Malawi is entering its sixth year. It is an innovative programme combining two approaches:

— a community mobilisation programme, engaging 800 communities

— a quality improvement programme working in nine hospitals and 32 health centres.

In 2010, the randomised controlled trial evaluation of the programme's innovation and testing phase came to an end. The data are being verified. In late 2011, we will be publishing the results, which we expect to show some impressive reductions in newborn mortality.

The programme has started to work more closely with district-level health management teams to ensure that resources are allocated for maternal and neonatal health in the districts' planning processes. The district health management team in Kasungu is integrating quality improvement work into the planning of hospital care, creating a stronger presence locally and raising the profile of the improvement work.

Our plans for 2011

In 2010 we reviewed our strategic direction. Following this, we have reframed four of our strategic priorities and added a sixth: inspiring improvement in value for money.

Our six strategic priorities

— Inspiring improvement through changing relationships between people and health services

— Inspiring improvement through healthcare professionals

— Inspiring improvement in patient safety

— Inspiring improvement by organising for quality

— Inspiring improvement in the use of knowledge

— Inspiring improvement in value for money.

Inspiring improvement through changing relationships between people and health services

Our plans for 2011

— We will continue to demonstrate that by changing the relationship between people and their health services we can improve the quality of care in practice. Our programmes include: Closing the Gap: Changing Relationships, Co-creating Health, MAGIC (Making good decisions in collaboration) and the Hospital Pathways programme.

— We will encourage and build alliances between programmes and beyond to share learning and to work collectively to change the relationship between people and health services.

— We will develop and run a high profile engagement programme to illustrate why changed relationships between people and health services are essential for improving the quality of healthcare.

— We will continue to build the evidence of what works in changing relationships through our evaluations and research and development activity.

Inspiring improvement through healthcare professionals

Our plans for 2011

— We will work with clinicians, educators, patients and others to develop a deeper understanding of what professionalism means in a modern healthcare system.

— We will develop and publish a new model of medical professionalism and promote this work in particular with medical students and junior doctors.

— We will continue our established work with the medical royal colleges, particularly around using clinical measurement to drive improvement.

— We will continue to support and share learning from our Closing the Gap through Clinical Communities programme.

Inspiring improvement in patient safety

Our plans for 2011

— We shared the learning from our Safer Patients Initiative in early 2011 – publishing a range of perspectives in a learning report, case studies and the full evaluations.

— We will recruit eight UK healthcare organisations to join us for the second phase of our Safer Clinical Systems programme.

— We will continue to support pioneering patient safety work through our Safer Patients Network.

— We will consolidate our efforts to build the case for improving patient safety.

— We will work with the *HSJ* and *Nursing Times*, as a strategic partner, to deliver the Patient Safety Congress 2011.

— We will support leaders to keep patient safety at the top of their agenda through a coordinated communications strategy to promote the learning from our work.

— We will continue to support and share learning from our patient safety programmes focusing on improving patient flow, mental health services, primary care and maternity services.

Inspiring improvement in the use of knowledge

Our plans for 2011

— We will deliver our Improvement Science Fellowship programme.

— We will work with the newly established International Improvement Science Network, and the newly appointed Improvement Science Fellows, to help define and build the science of improvement.

— We will partner with the BMJ Group as co-owners of the relaunched *BMJ Quality and Safety*, through which we will help raise the profile of improvement science.

— We will continue to generate new knowledge and promote the results of improvement science research.

— We will publish a review of the evidence in the field of knowledge mobilisation, including highlights of innovative best practice.

— We will continue to implement our research strategy to build evidence, where it is needed, on improving quality and produce a range of publications.

— We will hold the International Quality Improvement Exchange on innovation in healthcare.

Inspiring improvement by organising for quality

Our plans for 2011

— We will expand our portfolio of work to increase our understanding of organisation level interventions to improving quality.

— We will build greater understanding and knowledge of the organisational factors that enhance or inhibit improvement.

— We will continue to make a significant contribution to developing future leaders of improvement through our GenerationQ and Quality Improvement Fellowship programmes.

— We will synthesise and disseminate our learning on the role of boards in delivering high quality care. In 2011, the next round of our Closing the Gap programme will focus on the contribution of corporate and support functions to the delivery of high quality care.

Inspiring improvement in value for money

Our plans for 2011

— We will continue to work with healthcare services to help them respond to financial pressures in such a way that quality is maintained and strengthened, waste is reduced and costs are saved.

— We will continue to work with leading researchers to develop economic analysis to support effective budgeting and disinvestment. We want to improve knowledge about the costs and value of improvement so that quality initiatives are more likely to save resources.

— We will share learning from our Shine 2010 programme and focus on identifying and promoting what works (and what doesn't) to improve quality while saving money. The 18 Shine 2010 teams had a year to test new approaches to improve quality and save money.

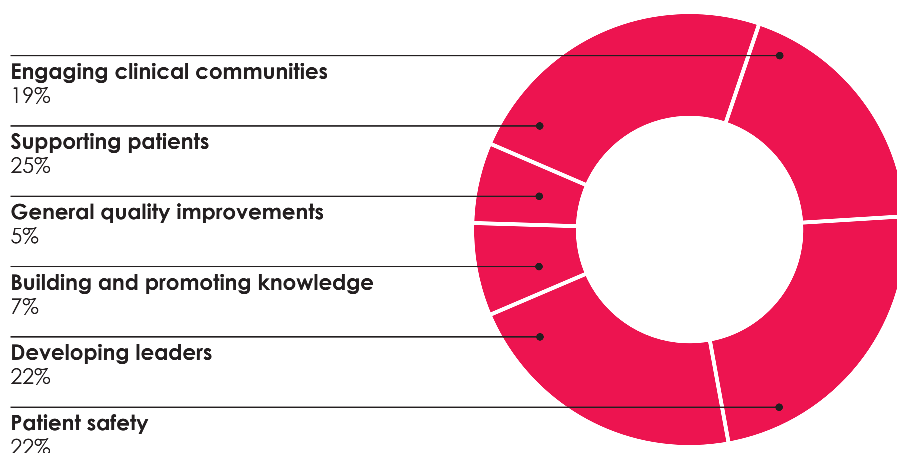
— We will support, and hope to share early learning from, Shine 2011 where 14 teams will spend the year testing new approaches to reducing the need for acute hospital care while improving quality and saving money.

— We will promote our approach to helping healthcare organisations and communities prioritise the use of resources when commissioning services. We will work to ensure that it becomes recognised as a valuable, mainstream commissioning tool and establish it in a number of GP commissioning consortia. You can read about the early stages of this work in our report *Commissioning with the Community*.

Charitable activities by strategic aim (spending 2006 – 2010)

Our endowment

Over the last five years (2006-2010), our endowment has enabled us to spend over £105 million to inspire and create the space for people to make lasting improvements to health services.



	2010* £000	2009 £000	2008 £000	2007 £000	2006 £000	Total £000	Avg spend per year £000
Supporting patients	9,069	4,586	5,418	1,984	4,899	25,956	5,191
Engaging clinical communities	2,697	7,542	2,425	1,914	5,282	19,860	3,972
Patient safety	3,855	3,965	6,985	1,209	7,369	23,383	4,677
Developing leaders	5,090	3,182	1,435	8,930	4,654	23,291	4,658
Building and promoting knowledge	2,438	1,205	1,447	1,368	856	7,314	1,463
General quality improvements	2,174	2,212	771	448	268	5,873	1,175
	25,323	**22,692**	**18,481**	**15,853**	**23,328**	**105,677**	**21,135**

*2010 figures are from management information

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