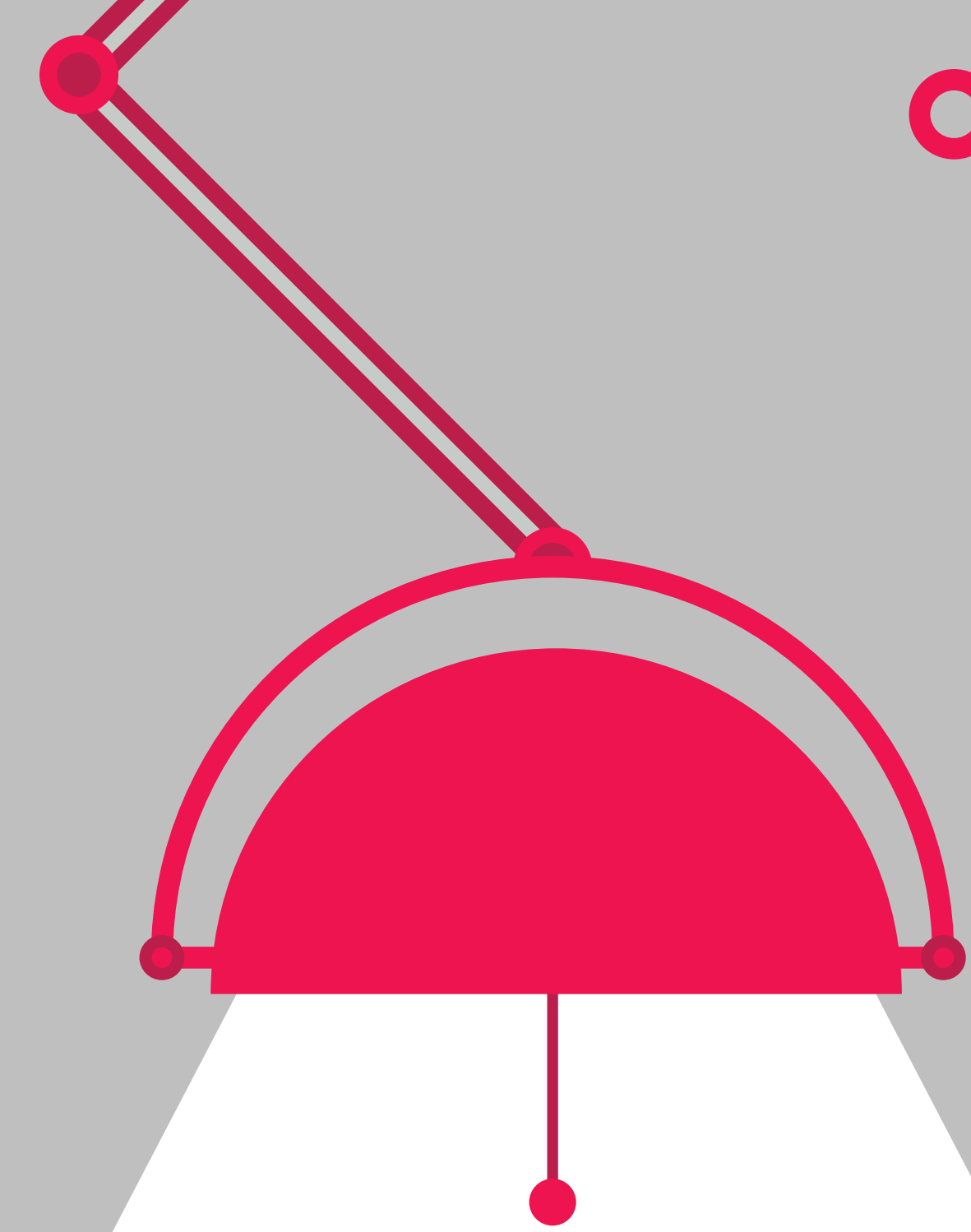


The Health Foundation
Inspiring Improvement

BRINGING QUALITY TO LIGHT

Annual review 2012

Thank you
Our work would not happen without the dedication, imagination and effort of the many individuals and organisations we work with and support to put improvement into practice. We would also like to thank our staff, our board of governors and all our delivery partners.

INTRODUCTION

from the Chair and Chief Executive

Even in times of austerity, the UK spends billions on healthcare every year. But we know that it doesn't always meet expectations, as the Francis Inquiry demonstrated all too vividly.

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

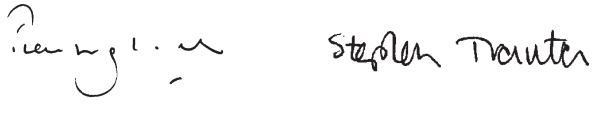
With the continuing financial squeeze, services are faced with managing limited resources while at the same time meeting the requirement to improve quality. It is sometimes assumed that cost-cutting damages quality and, if handled incorrectly, this can be true. But it's by no means inevitable. There are many examples of organisations that have cut costs while improving quality. For example, by developing a better understanding of what their patients want, many services have seen improved health outcomes, reducing the need for consultations, medication and emergency admissions. Our goal is to ensure that improvements are made in the right way, so that services can reap the rewards of leaner, more efficient working that is better tailored to patients' needs.

We identify healthcare professionals, researchers and organisations that have good ideas about how to improve the quality of care for patients, and we support them to develop and test those ideas. We also develop our own ideas to bring about system-wide change, and are currently focusing on two priority areas: person-centred care and patient safety.

All our activities are underpinned by evidence. As well as commissioning research and undertaking rigorous independent evaluations of our improvement programmes, we are working to build the momentum behind the fast-growing discipline of improvement science, to ensure that improvements put in place are genuinely beneficial. Where strong evidence emerges, we harness it to encourage change both locally and nationally. For example, in 2012 we used the evidence and learning from our research and programmes to influence the Health and Social Care Act, the Mandate for the NHS Commissioning Board (now NHS England) and the NHS Constitution, helping to shape healthcare in the UK.

Thanks to our endowment, we have a unique opportunity to continue contributing to the future of the health service. We stand outside the system, able to be totally independent. However, we remain closely connected to it. Many of us have first-hand experience within the NHS, in health research or in policy, and we continue to work with teams on the ground and related organisations.

Despite the current challenging healthcare environment, our work has delivered real improvements in the quality of care. But we know there is more to do and we will be continuing to develop our strategy in 2013. Our vision is of a high-quality health service that strives to challenge itself and continuously improve. We are not under any illusions: delivering high-quality healthcare can be difficult. But we know that often, simple ideas can lead to far-reaching improvements for patients. And it is that certainty – fuelled by the enthusiasm of those we work with and the body of evidence they are developing – that will drive us forward through the coming year.



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


2012

HIGHLIGHTING IMPROVEMENT

Our work in 2012

The Health Foundation is an independent charity working to 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.

We conduct research and evaluation, put ideas into practice through a range of improvement programmes, support and develop leaders and share evidence to drive wider change.

2012

What we said we'd do

"We will give a major boost to our work to promote patient safety."

- We were a strategic partner for the 2012 Patient Safety Congress, shaping the programme, encouraging presentations from our project teams and launching a series of thought papers to share experts' views on key safety topics.
- We explored the potential healthcare applications of proactive approaches to safety, through our research report, *Using safety cases in industry and healthcare*, and our Safer Clinical Systems improvement programme.
- Our 2012 Shine improvement programme supported several projects developing and testing initiatives to improve safety and affect sufficient service users to have high impact when scaled up across the UK.
- We worked with Imperial College London on a major piece of research on measuring and monitoring patient safety, due for publication in 2013.
- We worked with BMJ Group to develop a new patient safety resource centre, to be launched in 2013.

"We will actively engage with leaders to understand the challenges they face, and develop solutions."

- We ran formal consultations with a large number of healthcare leaders to understand the need and context for a large-scale improvement programme across a whole health economy. Drawing on the findings, we are now working to establish how we can best contribute to learning about large-scale improvement.
- Our Flow, Cost, Quality improvement programme worked with two NHS trusts to explore the relationship between patient flow, costs and outcomes and to develop ways of matching capacity to demand.
- The latest cohorts of leadership fellows embarked on our GenerationQ, Quality Improvement Fellowship and Improvement Science Fellowship programmes (see p9).

"We will inform and advance the debate about engaging patients in their health and healthcare."

- We contributed to the evidence in this area by publishing research including *Helping people share decision making, Do changes to patient–provider relationships improve quality and save money?* and *When doctors and patients talk*, as well as the independent evaluation of our Co-creating Health improvement programme.
- Our MAGIC improvement programme continued to test how clinical services can support patients to make decisions about their treatments and care. Closing the Gap through Changing Relationships supported projects aiming to improve the quality of care by changing the relationship between people and health services.
- We launched a second online resource centre, on shared decision making (www.health.org.uk/sdm), in addition to our self management support centre (www.health.org.uk/sms). The resource centres provide information, tools and practical resources on these topics.
- We supported the Royal College of Physicians to appoint a new shared decision making fellow.
- We influenced the development of the Mandate for the NHS Commissioning Board (now NHS England) and the review of the Constitution, building on our successful advocacy of duties of patient involvement to be included in the Health and Social Care Act.

"We will launch our new patient safety network and engage with other networks."

- Our networks support programme produced valuable insights, captured in our learning report *Leading networks in healthcare*. These findings, along with the independent evaluation of our Safer Patients Network programme, encouraged us to do more planning before launching a new network. We used these lessons to inform the development of the patient safety resource centre, due to be launched in 2013.

"We will encourage the will and momentum for improving quality and build stronger relationships with the people we support."

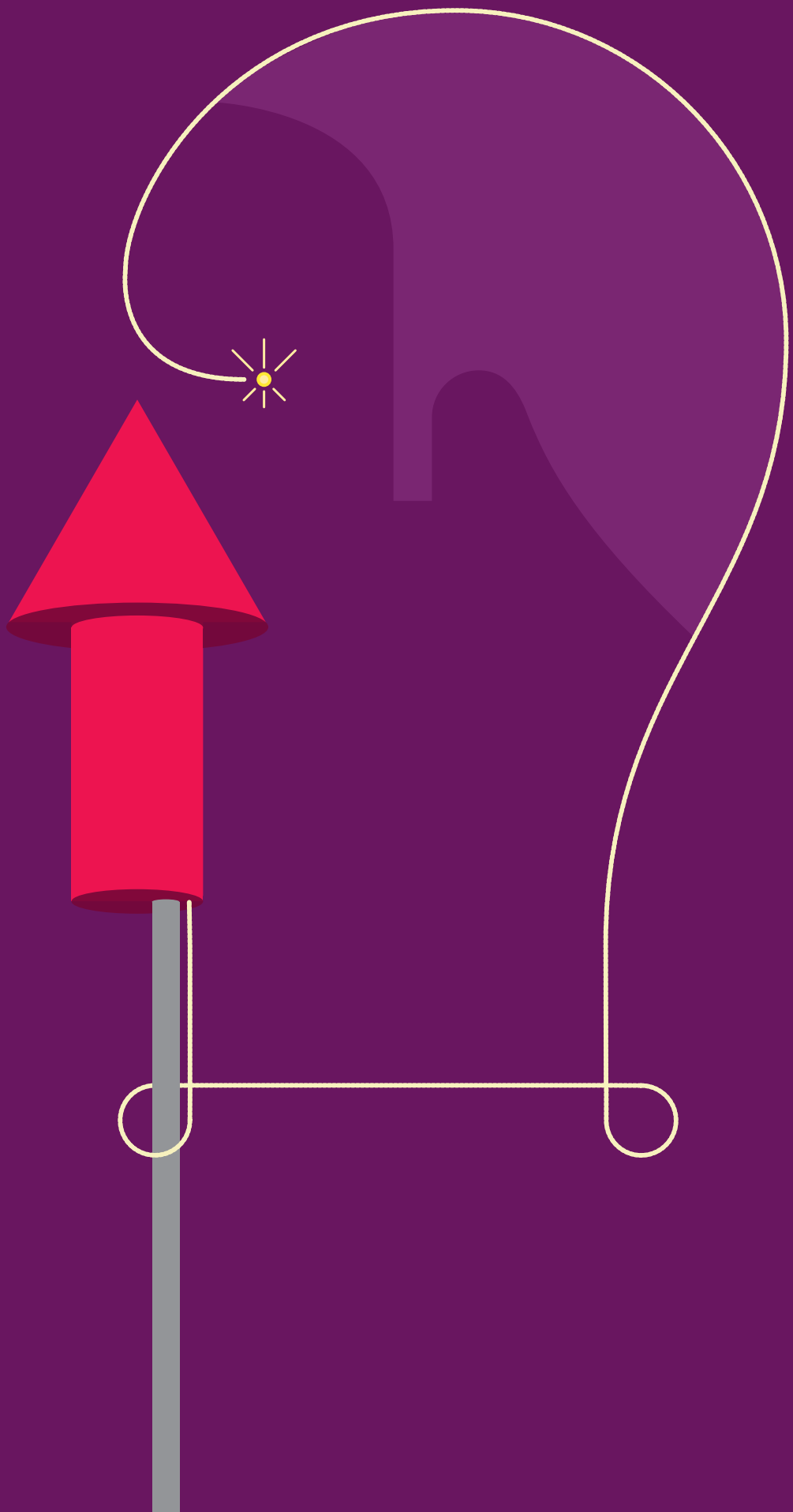
- We awarded additional funding to a number of Shine and Co-creating Health project teams. This will enable them to disseminate the approaches they developed during the improvement programmes.
- We launched our Research Scan which, each month, summarises around 60 of the best studies about healthcare improvement (see p15).
- We saw a 31% increase in website visitors over the year. Our email newsletter also proved popular, and now has more than 6,000 subscribers. We greatly increased our use of social media, with more than 6,000 followers on Twitter (up from 1,800 in January 2012), and increasingly popular presences on Facebook, LinkedIn and YouTube.
- Several articles based on work we funded were published in prestigious peer-reviewed journals, including *BMJ, Milbank Quarterly* and *Health Economics*. We support and encourage open-access publication of articles.

"We will take the lead in promoting the academic discipline of improvement science."

- We supported the Improvement Science Symposium and the Health Services Research Network Symposium, bringing together leading players in improvement science.
- The Improvement Science Development Group enabled international experts to share ideas and knowledge, to develop improvement science as an international discipline.
- We continued to support our Improvement Science Fellows, recruiting a second cohort of fellows. We also recruited universities to provide PhDs in improvement science from 2013.
- We ran webinars on improvement science topics, available at www.health.org.uk/iswebinars

"We will encourage a sustainable legacy from our project in Malawi."

- As reported in 2012, our MaiKhanda programme in Malawi delivered a 30% reduction in neonatal mortality by combining community mobilisation with interventions in hospitals and health centres.
- The next phase of the MaiKhanda programme is supporting civil society organisations and Malawi's Ministry of Health to continue to implement the 'MaiKhanda approach' to reduce newborn and maternal mortality. MaiKhanda is now working to develop beacon sites – best-practice examples of safe motherhood taskforces and women's groups.
- The Health Foundation's funding of the programme will reduce over the next three years. In February 2013, the ELMA Foundation approved a $1.25m grant to MaiKhanda over three years for general support (including core costs). Significant efforts continue by MaiKhanda and IHI to raise funds from other sources.



BRIGHT SPARKS

Developing leaders

The future of healthcare depends on leaders with the vision to embed quality care throughout the health service – and the know-how and influence to do it. Our programmes give individuals the space and support they need to grow their expertise, develop new skills and spread their learning to transform healthcare.

To date, 214 fellows have taken part in our leadership programmes.

OUR LEADERSHIP PROGRAMMES

Clinician Scientist Fellowship
A five-year funding programme that supports research alongside clinical practice, focusing on work that will result in direct improvements in medical practice, working with the Academy of Medical Sciences.

GenerationQ
A part-time programme to develop healthcare leaders who understand how complex health systems work and can inspire others to transform healthcare quality and bring about sustainable change, working with Ashridge and Unipart.

Improvement Science Fellowship
A three-year funding programme to develop original, applied research dedicated to improving healthcare in the UK and developing the knowledge base of health improvement science.

Quality Improvement Fellowship
A one-year programme enabling senior clinically qualified health professionals to think deeply about how to improve healthcare. Fellows engage in rigorous academic and practical learning at the US Institute for Healthcare Improvement.

WE GIVE INDIVIDUALS THE SPACE AND SUPPORT THEY NEED TO GROW THEIR EXPERTISE, DEVELOP NEW SKILLS AND SPREAD THEIR LEARNING TO TRANSFORM HEALTHCARE.

A PERSONAL JOURNEY — JATINDER HARCHOWAL

"When I joined GenerationQ, I expected to develop my leadership and quality improvement skills and explore how to use these skills to influence the environment beyond my profession. But I had never really taken the time to reflect on my learning or notice my reactions to specific meetings and incidents, and I have found this particularly useful on my journey. There has also been a real richness in learning from my colleagues on the programme.

As well as learning about specific quality improvement methodologies and leadership theory, we have been encouraged to experiment with different ways of working. We have also come to understand more about ourselves, through personal coaching, which has been very helpful.

Through the learning, experimenting and assignment writing, I feel more confident in understanding not only the complex challenges that healthcare organisations present but, importantly, understanding that we have the ability to address these challenges.

Throughout the fellowship, I have been encouraged to experiment and not to be afraid to try new ways of working. I have realised with even greater clarity the importance of my role in developing a culture of quality improvement across my organisation."

***Jatinder Harchowal**, Chief of Pharmacy, Brighton and Sussex University Hospitals NHS Trust, GenerationQ Fellow 2011*

PRODUCING RESULTS — LESLEY ANNE SMITH

"The Quality Improvement Fellowship was a truly transformational experience, due to the wide range of international quality improvement experts we were privileged to meet throughout the year. I had been introduced to quality improvement methodologies as a result of my involvement in the Scottish Patient Safety Programme. But the Fellowship broadened my understanding of all of the elements that are required within an organisation to ensure that whole-system transformational change takes place.

Since completing the programme, in my role as Head of Quality at NHS Highland, I developed the Board's Strategic Framework and the Highland Quality Approach – a board-wide, quality-based strategic change programme supported by a Lean-based improvement methodology. I also led a range of improvement projects focusing on reducing harm, managing clinical variation and eliminating waste. Currently, as Quality Improvement Programme Director, I am responsible for developing a quality improvement education strategy for all NHS Scotland staff.

Both these roles are focused on delivering the ambitions of the NHS Scotland Quality Strategy – ensuring that all healthcare provided to the people of Scotland is safe, effective and person-centred.

I am committed to developing my knowledge and experience further, to ensure that the required improvements in healthcare quality are spread and sustained in the future."

***Lesley Anne Smith**, Quality Improvement Programme Director, NHS Education for Scotland and Head of Quality, NHS Highland, Quality Improvement Fellow 2010/11*

214 HEALTH FOUNDATION FELLOWS TO DATE.

PURSUING RESEARCH ALONGSIDE CLINICAL PRACTICE

In 2012, the third round of our Clinician Scientist Fellowship programme entered its final phase.

The fellowship enables talented clinicians to pursue academic research alongside their clinical practice in order to make long-term improvements in healthcare. Run by the Health Foundation and the Academy of Medical Sciences, the fellowship is designed to address the lack of clinical academics – specialists or GPs – employed by universities to undertake research, teach and carry out clinical practice. Fellows receive a range of benefits including five years' funding, a research allowance, a leadership development programme, mentoring and networking opportunities.

The programme focuses on disciplines where there is a national shortage of expertise, such as anaesthesia, psychiatry and surgery. Fellows' research areas have included: reducing post-operative organ dysfunction, preventing acute lung injury in pancreatitis and the use of immune cells in successful organ transplants.

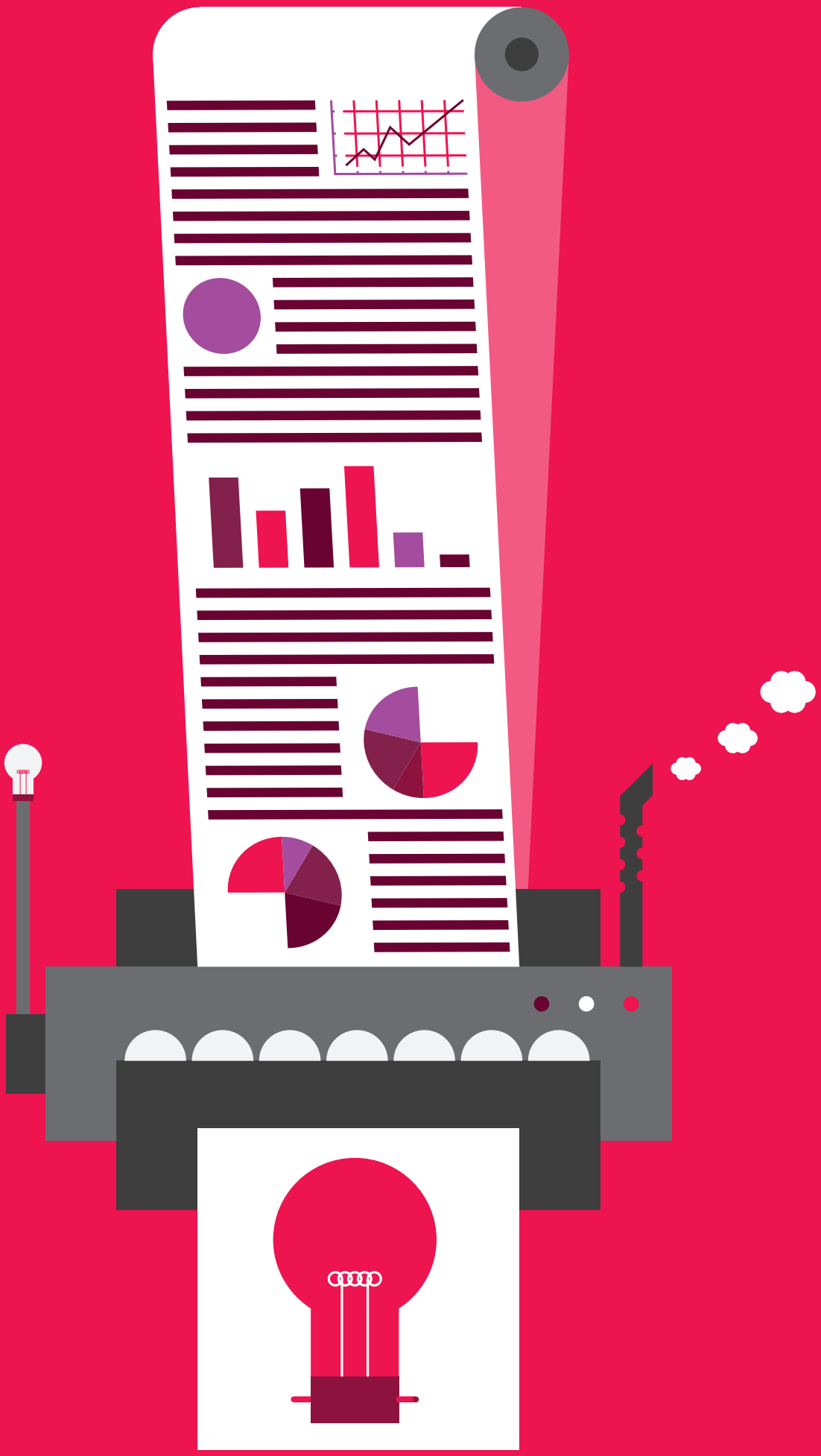
A 2012 evaluation found that Fellows had reported 297 publications in significant journals and 37 prestigious prizes awarded as a result of the fellowships and related research. They also reported a total of £49.36m in additional research funding, a return of £4.45 for each £1 invested in the scheme.

The next cohort of Clinician Scientist Fellows will be recruited in 2013.

For more information, visit www.health.org.uk/csf

FOR MORE INFORMATION ABOUT THE HEALTH FOUNDATION'S LEADERSHIP PROGRAMMES, GO TO

WWW.HEALTH.ORG.UK/PROGRAMMES



GENERATING IDEAS

Research and reflection

Positive change starts with good ideas. We are committed to exploring the ideas that will help shape the health service of the future. And we look beyond the immediate healthcare environment to identify the skills, knowledge and ideas that will secure lasting improvements to healthcare.

We are currently supporting 47 research and evaluation projects.

HIGHLIGHTS

RESEARCH AND EVALUATION PROJECTS IN 2012 INCLUDED:

Co-creating Health: Evaluation of first phase
An independent evaluation of a five-year programme that demonstrated the impact of integrating self management support into routine care for people with long-term conditions.

Examining the state of quality
We began to work in partnership with the Nuffield Trust on a major five-year research programme on quality that will track a range of indicators across the NHS and provide deeper analysis in key areas, to help examine how the quality of care is changing over time.

Helping people share decision making
This report brings together evidence and provides an up-to-date single reference point for the current state of knowledge about shared decision making.

The measurement and monitoring of safety
A research project looking at how safety can be measured and monitored. A report from the research will be published in 2013.

Value for money in healthcare
Two research projects being undertaken by Imperial College and the London School of Economics to explore how healthcare resources are being spent in the UK and whether it provides value.

WE ARE COMMITTED TO EXPLORING THE IDEAS THAT WILL HELP SHAPE THE HEALTH SERVICE OF THE FUTURE.

EXPLORING PATIENT–CLINICIAN RELATIONSHIPS

The traditional roles of patients and clinicians are changing, with patients playing an increasingly active part in their own health. Our 2012 report *When doctors and patients talk: making sense of the consultation* explored patient–clinician interactions and suggested ways these could improve. It argued that, if the government is to achieve its vision of improved patient experience, then it must commit to working with professional bodies and the voluntary sector to improve the patient–clinician relationship by enabling more effective conversations and reducing anxiety among patients and clinicians alike.

We will continue to harness and lead thinking in this area. One piece of forthcoming research is looking at how applied philosophy could impact on the changing roles in healthcare. Another is reviewing the evidence for how changing the patient–clinician relationship can deliver improved quality of care.

INVOLVING STAKEHOLDERS IN COMMISSIONING DECISIONS

Under the new commissioning structures, commissioners have a duty to involve patients, the public and partner organisations in all decisions that affect them. However, making sure that all their stakeholders understand and support commissioning decisions can be challenging.

We supported a research team from the London School of Economics and Political Science (LSE) to develop and test an approach called Star (socio-technical allocation of resources). The approach works by producing simple visual models to help everyone involved in making decisions understand the nature of the choices to be made. This helps commissioners pinpoint where they may be able to use their resources more effectively and makes it easier for stakeholders to understand their reasoning.

Our 2012 report *Looking for value in hard times* demonstrated how NHS Sheffield used Star to improve its eating disorder service. In 2013, free Star materials will be available to download, including a data analysis tool and guidance for facilitation of stakeholder workshops.

For more information visit www.health.org.uk/star

CURRENTLY SUPPORTING 47 RESEARCH AND EVALUATION PROJECTS.

USING INDUSTRIAL SAFETY APPROACHES IN HEALTHCARE

Approaches to safety typically focus on learning lessons when something goes wrong. However, safety-critical industries are increasingly moving to approaches that seek to ensure things go right in the first place, such as the use of safety cases.

Developing a safety case involves building the evidence to demonstrate that a system achieves safety standards, drawing on a broad range of evidence from sources including risk assessments, incident reporting, human factors analysis and operational experience. Safety cases provide a structure that enables organisations to take a proactive approach to identifying, assessing, mitigating and monitoring risk.

We commissioned a group of researchers, led by the University of Warwick, to review the evidence about how this approach is being used in safety-critical industries, and to identify potential applications in healthcare. The findings are presented in our report *Using safety cases in industry and healthcare*, which led to a *Health Service Journal* article on the topic.

We are also investigating the use of safety cases as part of our Safer Clinical Systems improvement programme, which seeks to build a safer healthcare system through the proactive identification of potential safety breaches.

SHARING THE LATEST THINKING

High-quality evidence is an essential ingredient in improving healthcare quality. But those working in the field often lack the time and resources to keep abreast of latest research. To address this need, the Health Foundation offers a free monthly Research Scan, prepared by the Evidence Centre.

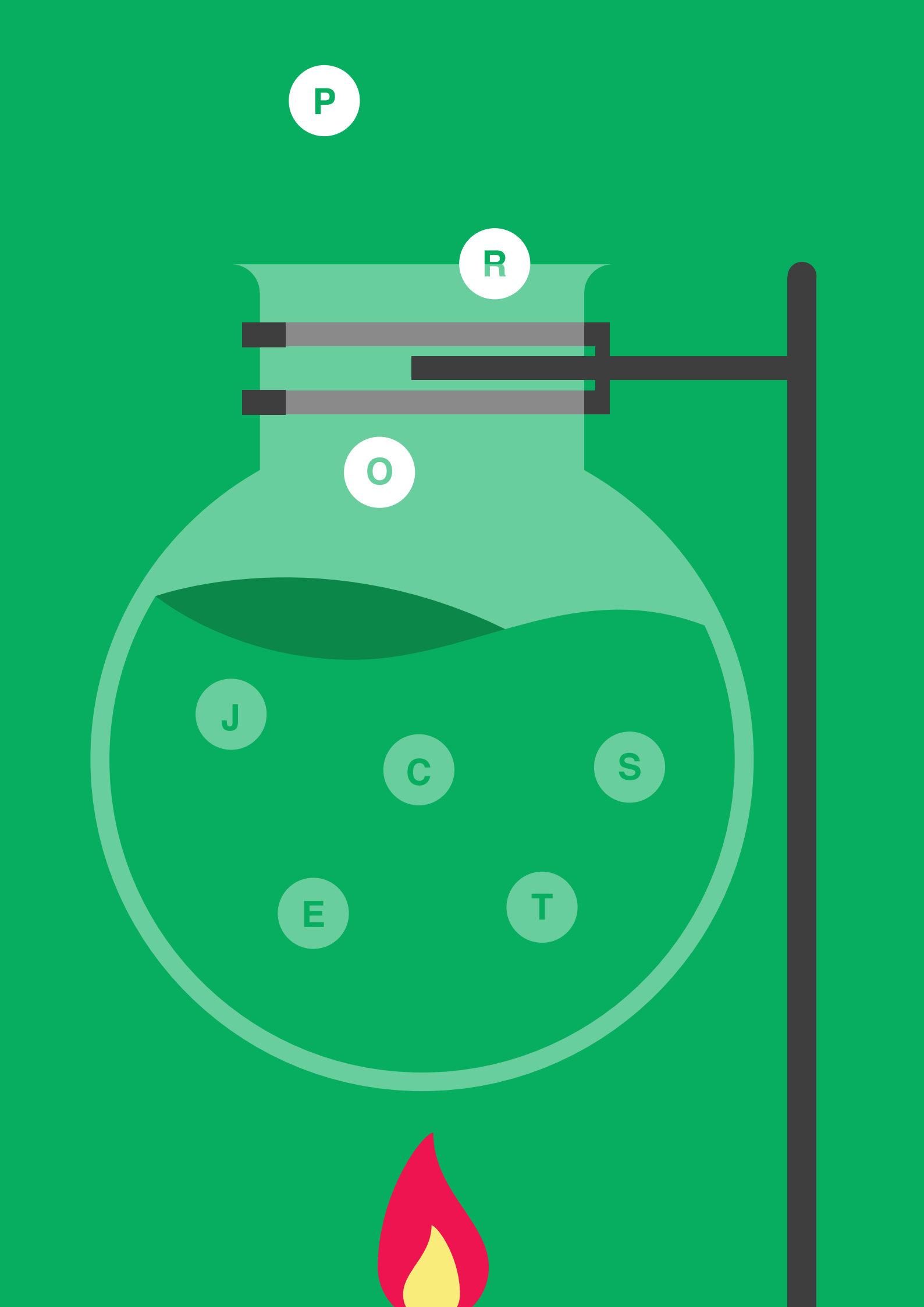
Each month the scan sweeps a range of sources, including Medline, Cochrane, Web of Science and organisation websites, to identify and summarise around 60 of the latest, most interesting and practical improvement research articles.

These are added to the scan's database and grouped into four categories: person-centred care, patient safety, value for money and approaches for improvement. An email overview of the latest content is sent to subscribers every month. By early 2013 the database included around 4,600 studies.

To receive the free scan, register on the Health Foundation website at www.health.org.uk/researchscan

FOR MORE INFORMATION ABOUT THE HEALTH FOUNDATION'S WORK TO GENERATE IDEAS, GO TO

WWW.HEALTH.ORG.UK/RESEARCH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CATALYST FOR CHANGE

Projects and programmes

We look for new approaches that can make a difference to improving the quality and safety of patient care. We support teams on the ground to run projects effectively and we evaluate them rigorously. Then we explore what works and encourage others to take it further.

We are currently supporting 198 projects as part of 24 improvement programmes.

HIGHLIGHTS

IMPROVEMENT PROGRAMMES IN 2012 INCLUDED:

Closing the Gap
Bridging the gap between best practice and routine delivery of care, through three rounds: Closing the Gap through Changing Relationships, Closing the Gap through Clinical Communities and Shared Purpose.

Flow, Cost, Quality
Working with NHS hospital trusts to explore the relationship between patient flow, costs and outcomes.

MAGIC (Making good decisions in collaboration)
Designing and testing interventions to encourage shared decision making.

Patient and Family-Centred Care
Improving the experience of care for patients and families and the working lives of staff.

Shine
Testing innovative approaches to improving healthcare quality, focusing on the key issues faced by UK health services.

WE LOOK FOR NEW APPROACHES THAT CAN MAKE A DIFFERENCE TO IMPROVING THE QUALITY AND SAFETY OF PATIENT CARE.

MANAGING DIABETES

In Newham, East London, diabetes levels are 4–5 times the national average. Services are already overstretched, with demand on the rise. Our Shine improvement programme funded a project offering web-based follow-up consultations to improve access to services and encourage patients to feel more involved in their own health and healthcare.

The scheme enabled patients to speak to clinicians face-to-face, using home computers. It had a significant impact on patients – especially those with busy lifestyles, multiple commitments, or limited mobility. For staff, it encouraged more focused consultations and better use of face-to-face time.

Patients preferred web consultations to traditional clinic-based appointments, saying that they saved them time and were far more convenient and cheaper. This resulted in improved attendance rates. The project expects to see improved health outcomes, modest cost savings and reduced emergency attendances.

The project has generated considerable interest, including coverage on the BBC news website and in *the Guardian*. It was also referenced in a speech by Jeremy Hunt in March 2013.

ENABLING SELF-DIALYSIS

Every year, 20,000 people in the UK with kidney disease receive dialysis. For most, dialysis involves spending many hours in hospital every week. Evidence shows that this treatment regime often leaves people feeling helpless and dependent on hospital staff, and has a huge impact on their lives and those of their families.

Home dialysis is an option for some patients, but many lack the confidence or suitable accommodation for this type of care. Our Closing the Gap through Clinical Communities improvement programme supported the Yorkshire and Humber renal team to offer a halfway option between home dialysis and traditional hospital dialysis: self-dialysis on a medical unit. Patients are trained to manage their treatment for themselves but with the support of clinical staff where they need it. Some develop the confidence to later move on to home dialysis.

The project has provided a more flexible treatment schedule and helped many patients rebuild their confidence and independence.

198 PROJECTS CURRENTLY BEING SUPPORTED.

TACKLING ALCOHOL RELAPSE

For people with alcohol problems, relapse is common, with rates in the first year after detoxification at 80–90%. Our Shine improvement programme funded a team at NHS Bolton to use mobile phone technology to reduce relapse rates and help more people to successfully complete their treatment.

As well as a text message (SMS)-based appointment reminder system, clients receive mood-monitoring texts several times a week. These ask simple questions about their emotional state, to help them focus on their goals and stay on track. If their answers reveal that they are at risk of relapse, this will trigger a response, enabling the service to provide more proactive, tailored support. The initiative also enables clients to contact the service directly if they relapse or are experiencing cravings, so that they have support and advice when they most need it.

Only two of the 89 project participants relapsed during the 12-month pilot period. The project had a huge impact on participants' quality of life and health, and also appeared to deliver savings for the health economy conservatively estimated at £143,000.

FAST-TRACKING INNOVATIONS

As part of our Shine improvement programme, a team at Derby Hospitals NHS Foundation Trust developed PROCEED, a new approach to improving outcomes for pregnant women with diabetes and their babies. The approach flew through the innovation and testing process and within 18 months it had been commissioned by the local primary care trust.

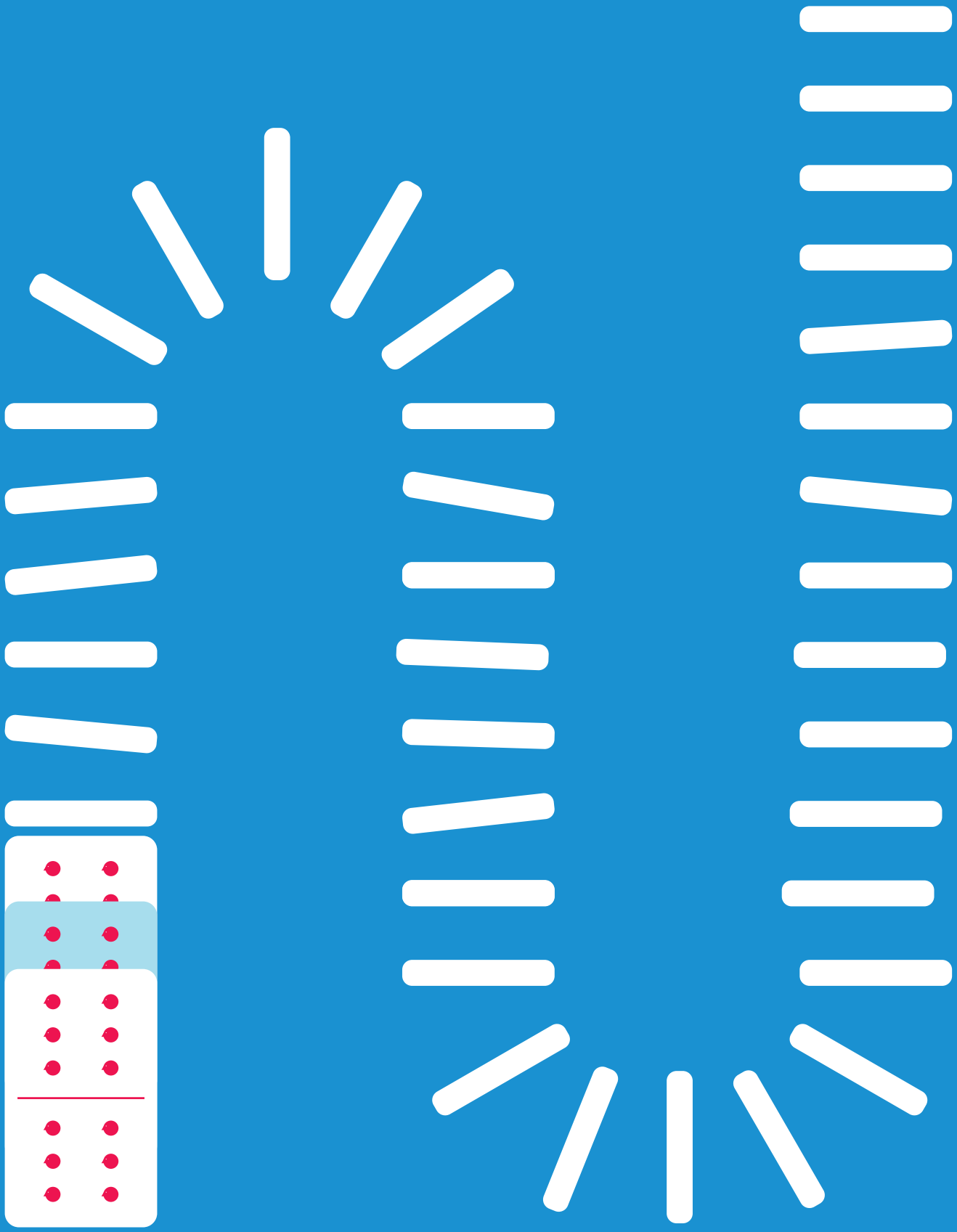
Women with diabetes are 3–4 times more likely than other women to have a stillbirth or a baby with an abnormality. Effective pre-pregnancy care improves pregnancy outcomes, but levels of engagement are low.

The team developed an approach, described as 'a team without walls', that tailored care to each individual's needs, supported by a personalised care plan and seamless care across services. PROCEED has improved quality of care as well as saving over £68,000 in the first year. A short video about the project, featuring patients and staff involved, is available at www.health.org.uk/derbyproceed

The project won three awards: a Capgemini/*Health Services Journal* Liberating Ideas Award, a Health Enterprise East Innovations Award and a Quality in Care Diabetes Award. The Derby team has been awarded additional Shine funding and is now working with teams in Norfolk and Leeds to help them adopt the approach and promote it to commissioners.

FOR MORE INFORMATION ABOUT THE HEALTH FOUNDATION'S PROJECTS AND PROGRAMMES, GO TO

WWW.HEALTH.ORG.UK/PROGRAMMES



CHAIN REACTION

Spreading improvements

We harness our experience, learning and expertise and share it with others across and beyond the UK. We make sure the knowledge reaches those with their hands on the levers of change – the people who can use it to make a real difference to healthcare quality.

In 2012, our work led to legislative changes, inserting new duties for commissioners into the Health and Social Care Act.

HOW WE GO ABOUT IT

IN 2012 OUR WORK TO SPREAD AND INFLUENCE IMPROVEMENTS INCLUDED:

Responding to policy consultations
Consultation responses included: the NHS Constitution; the Welsh compact; the Department of Health long-term conditions strategy; the King's Fund's leadership review; Sir Bruce Keogh's review of clinical audit; a health committee inquiry into education, training and workforce.

Membership of advisory/steering groups and boards
Senior staff membership includes: Monitor; National Quality Board; European Network for Patient Safety and Quality of Care; Council of the London School of Hygiene and Tropical Medicine; Health Services Research Network; Northern Ireland Quality Strategy Steering Group; Royal College of Physicians Patient Safety Committee; Shared Decision Making National Steering Group.

Encouraging media coverage
In 2012, the Health Foundation and our work were mentioned more the 280 times in local and national press. We will continue working to increase our media presence.

Presenting at events and conferences
We presented our work at a number of events including: the Patient Safety Congress; the NHS Confederation Conference; the International Society for Quality in Health Care (ISQua) Conference; the International Forum for Quality & Safety in Healthcare.

WE MAKE SURE THE KNOWLEDGE REACHES THOSE WITH THEIR HANDS ON THE LEVERS OF CHANGE – THE PEOPLE WHO CAN USE IT TO MAKE A REAL DIFFERENCE TO HEALTHCARE QUALITY.

SHAPING NATIONAL POLICY

In 2012, following a coordinated lobbying campaign in partnership with the charity National Voices, we secured changes to the Health and Social Care Bill to create duties for commissioners to promote involvement of each patient in their own care. We have built on this success, influencing the Mandate to the NHS Commissioning Board (now NHS England), the Board's guidance to clinical commissioning groups and the NHS Constitution.

Our activity ensured that the Mandate now recognises patients' day-to-day role in managing their own care, with a specific indicator of the proportion of people who feel supported to manage their long-term condition. Through Stephen Thornton's participation in the NHS Future Forum working group on the NHS Constitution, we also successfully influenced the Department of Health's proposals, strengthening the document's emphasis on patient involvement.

We have continued to create and take advantage of opportunities to influence policy. As well as holding events to encourage people to discuss key issues, we responded to consultations about topics including the Welsh compact, the Department of Health's long-term conditions strategy and *Liberating the NHS: no decision about me without me*. We also contributed to The King's Fund's leadership review, Sir Bruce Keogh's review of the national clinical audit and confidential enquiries programme, and the General Medical Council's consultation on *Good Medical Practice*.

PROVIDING SOLUTIONS FOR TOUGH TIMES

In 2012, the International Forum on Quality and Safety was held in Paris. This annual event, organised by the Institute for Healthcare Improvement (IHI) and the BMJ Group, aims to support the movement for healthcare improvement by presenting the best of new thinking and work that is happening worldwide. The theme of the event was 'Solutions for Tough Times'.

As well as being one of the event's sponsors, the Health Foundation presented a broad range of work. Research teams held sessions on projects including the importance of context to patient safety in hospitals, lessons from the evaluation of the Closing the Gap through Clinical Communities programme, and learning from a synthesis of evaluations of our improvement programmes. Posters from 25 project teams were also presented.

Staff , Health Foundation Fellows and project team members attended the event. We provided interested delegates with information about our improvement programmes as well as our publications, website and other examples of our work.

We will be attending the 2013 Forum, presenting work including our research on measurement and monitoring of safety.

CONTRIBUTED TO CHANGES TO THE HEALTH AND SOCIAL CARE ACT.

SPREADING THE SHARED CARE AGENDA

In 2012, the Right Care team – part of the NHS's Quality, Innovation, Productivity and Prevention (QIPP) workstream – visited our MAGIC programme to learn first hand about what works and the challenges of implementing shared decision making in routine services. MAGIC is exploring and testing how clinical services can support patients to share in making decisions about their treatments and care.

An independent evaluation of the MAGIC programme was published in 2013, along with a learning report about teams' experiences of implementing shared decision making. For more information, visit www.health.org.uk/magic

Right Care broadened its focus to include clinical practice, culture change and patient decision aids. It also adopted and adapted the 'Ask 3 Questions' campaign. This campaign was developed as part of MAGIC and draws on original research undertaken by Shepherd and colleagues at the University of Sydney. The campaign encourages patients to ask 'What are my options?', 'What are the benefits and possible risks?' and 'How likely are these risks and benefits?' A senior member of the MAGIC clinical team also joined the Right Care shared decision making board.

DEVELOPING THE SCIENCE OF IMPROVEMENT

To help spread quality improvement within healthcare, we have been working to develop improvement science as an international discipline, through professional networks and sharing information. Central to this has been our Improvement Science Development Group – a virtual network of international experts from disciplines within the field of improvement science, established in late 2010.

In 2012, network members delivered a series of webinars focusing on issues of interest to improvement science researchers and improvement practitioners. One webinar, entitled 'Where in the world is improvement science?', shared the results of a wide-ranging scan of research centres based in academic and healthcare institutions. The event was co-presented live by two speakers in different continents. Ross Baker, Professor of Health Policy and Management at the University of Toronto spoke from a studio in Canada, while Naomi Fulop, Professor of Healthcare, Organisation and Management at University College London, was in a studio in London.

The webinars are available at www.health.org.uk/iswebinars

FOR MORE INFORMATION ABOUT THE HEALTH FOUNDATION'S WORK TO INFLUENCE AND INFORM, GO TO

WWW.HEALTH.ORG.UK/POLICY

OUR PLANS FOR 2013

Health services will continue to face constrained resources in 2013. In England, this situation is exacerbated by continued uncertainty as new structures are implemented. Meanwhile, the findings from the Francis Inquiry report into failures of care at Mid Staffordshire Hospital are shaping the safety and quality agendas.

All this will increase demand for Health Foundation funding as the financial situation, combined with the requirement to improve quality, fuels the drive for more radical service change. Our plans for 2013 reflect this context.

KEY AREAS OF WORK FOR 2013

IN 2013, WE WILL:

- engage in the wider debate that will flow from the Francis Inquiry report
- launch a patient safety resource centre to provide practical tools, best practice and advice around safety
- consolidate our learning about patient–professional relationships to promote the need for change
- commission research to examine the cost benefit of improving patient safety and person centredness
- continue to work in partnership with the Nuffield Trust on a major research programme to examine how quality of care is changing over time
- work to further influence policy, building on the momentum gained from the Health and Social Care Act, the NHS Constitution and the Mandate for the NHS Commissioning Board (now NHS England)
- continue supporting the MaiKhanda programme in Malawi and the implementation of the 'MaiKhanda approach'
- launch new rounds of our leadership programmes, including GenerationQ and Clinician Scientist Fellowships
- launch new rounds of improvement programmes, including Shine and Closing the Gap.

In 2013, we will continue to support healthcare quality improvement through our broad portfolio of activities, including research and evaluation, improvement programmes, leadership development and influencing work. We are continuing to build and promote the evidence base for improvement, to ensure that healthcare decision making is based on what really works. The need to demonstrate the economic case for improving quality in healthcare will be reflected throughout our work.

Maintaining our customary commitment to rigour, we will be working to support others to develop and build their ideas about inspiring improvement in the quality of healthcare delivery. At the same time, we will be working to develop our own ideas to bring about system-wide change in two key areas: patient safety and person-centred care.

We are also committed to looking beyond our own work – working in partnership, gathering evidence internationally and doing more to reach a wider audience.

INSPIRING HEALTH QUALITY IMPROVEMENT

From 2013, the majority of our resources will be directed towards supporting others' ambitions and ideas to improve quality. This will include developing individuals through our leadership programmes (see p9) and supporting external teams in their improvement activities through our award programmes (see p17). As well as providing funding, we will be working to help our project teams share their findings more widely and effectively. We will also be working hard to encourage innovation and build evidence of what works, while improving our grant-making processes to ensure fast and efficient decision making.

We will continue to carry out a wide range of research and evaluation activity, working to identify the barriers to quality improvement, find ways to meet the gaps in improvement knowledge and develop the field of improvement science.

SYSTEM-WIDE CHANGE

We will build on our track record of catalysing wider system change in key areas where the health service is facing particular challenges that are not being addressed by others. We do this by developing insight and evidence, by connecting our thinking with the work of others and by actively seeking to influence decision makers. We will be focusing on two specific areas: patient safety and person-centred care.

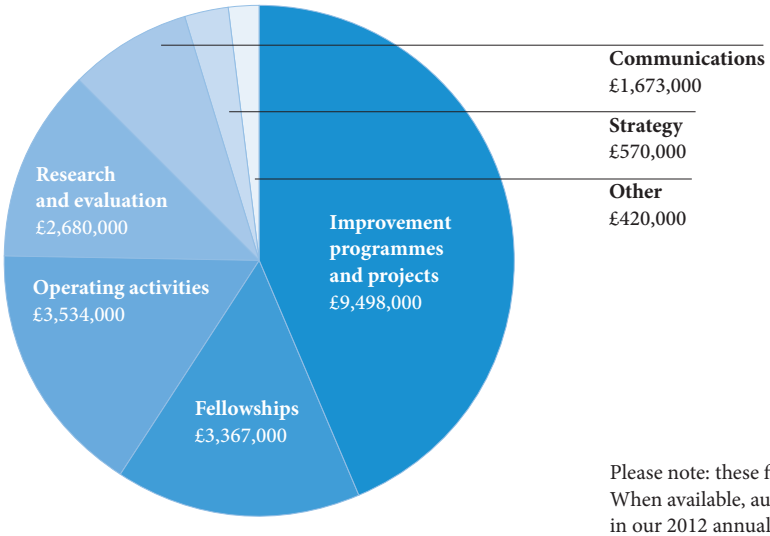
- **Patient safety.** If our healthcare system is to reliably deliver safer care, it needs to take an active approach to anticipating and mitigating risk, and must be resilient in the face of unexpected events. In 2013, we will focus on exploring measurement systems that are capable of telling us how safe care is – rather than how harmful it was. We will work to influence policy to enable a patient safety culture to thrive. We will also engage in the wider debate flowing from the Francis Inquiry report, to promote our ideas and learning and help shape the next generation of safety improvement work.

- **Person-centred care.** Person-centred care is attracting increasing interest, with a growing awareness of the importance of enabling patients and professionals to work in partnership. The Health Foundation is working to empower patients, health professionals and health services to help shape an NHS that truly puts service users first. In 2013, we will work to develop and share evidence, insights and practical approaches, working alongside leading academics and practitioners to address the deeper challenges of changing behaviour and attitudes.

FINANCE

In 2012, we committed to spend a total of £21.7m, as shown in the table below.

AREA OF WORK	2012 COMMITTED EXPENDITURE
Improvement programmes and projects	9,498,000
Fellowships	3,367,000
Operating activities	3,534,000
Research and evaluation	2,680,000
Communications	1,673,000
Strategy	570,000
Other	420,000
Total	21,742,000



OUR ENDOWMENT

The Health Foundation is funded by a significant endowment, established as a result of the sale of the PPP Healthcare group of companies to Guardian Royal Exchange (GRE) Insurance in 1998. At December 2012, the value of the endowment fund was £736m.

Over the past three years (2010–2012) our endowment has enabled us to spend more than £65 million to improve the quality of healthcare in the UK.

Please note: these figures are from management information. When available, audited figures will be presented in more detail in our 2012 annual report and financial statement.

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