

Strategic Report

# THIS Institute

Strategy 2022-2027



## Foreword by Mary Dixon-Woods, Director THIS Institute

Five years on from the initial award of funding in 2017, The Healthcare Improvement Studies Institute (THIS Institute) has established itself as a distinctive asset for the research and healthcare ecosystem in the UK. It addresses an important and previously neglected need for a centre of excellence to generate evidence to support improvement activities in the NHS.

The institute is building a highly credible evidence base for improvement through innovative, participatory research. We are creating capacity and capability for the study of improvement across the UK through a very successful research fellowship programme. We are changing the conversation by engaging and advocating for evidence at every level of the system. And Thiscovery, the novel infrastructure for large-scale participation we have created, is reimagining how research, engagement, co-design and evaluation can be done, while enabling new forms of inclusion and co-creation.

The consistent excellence, timeliness and relevance of our outputs and the achievements of our communications, engagement and impact activities have established the institute's profile as a highly respected, trustworthy, unique source of credible insights into how to improve care. We are playing a growing leadership role, securing increasing influence on policy and practice. Our success lies in our highly collaborative, participatory approach, which enables co-creation of evidence with NHS patients, staff, and wider stakeholders. We are exceptionally fortunate in our partnership with the Health Foundation. Its generous award, support, networks and expertise are crucial to our achievements.

In the next five years, we will further consolidate our distinctive capabilities and assets, advance our mission and vision, and secure sustainability for the long-term. This strategy explains how we will build on the achievements of THIS Institute while also bringing fresh ideas to life.

I am very proud of what THIS Institute has achieved in a short time. We have come a long way in making enduring and important contributions to the scientific field for the benefit of NHS patients and staff. There is much further to go – but there can be every confidence in our commitment, energy, rigour, and creativity.

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## Our vision, mission, and work programme

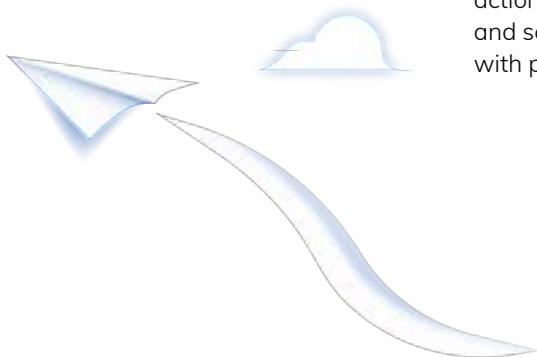
This strategy sets out how THIS Institute will build on the successes and learning of its first five years to consolidate and grow its impact.

### Our vision



Our vision is that THIS Institute will be at the forefront of a movement to mainstream the understanding that improvement activity in healthcare should be based on evidence and should generate evidence.

### Our mission



Our mission is to enable better healthcare through better evidence about how to improve. We will co-create a highly credible and actionable evidence base for improving quality and safety in healthcare, working collaboratively with patients, staff and wider stakeholders.

Patients worldwide continue to experience unwarranted variations in the quality and safety of their care. Effective interventions are not consistently implemented, and ineffective interventions are not consistently de-implemented. Care demonstrates persistent inequities, and catastrophic organisational degradations continue to recur.

The key to addressing all these challenges is a sound evidence base – broadly conceived to include methods, theories, and new research-based knowledge. In 2016, the Health Foundation launched a competition to find a partner to set up an institute dedicated to improving the evidence base for improvement in quality and safety in healthcare, building on its very successful improvement science programme. Following selection of University of Cambridge as this partner in April 2017, The Healthcare Improvement Studies (THIS) Institute was launched in January 2018. Since then, working collaboratively with NHS staff, patients and other stakeholders, THIS Institute has addressed the need for a centre of excellence to build the evidence for improving care through an extensive, varied, and values-driven programme of work.

## THIS Institute's programme of work

We're building the evidence base for improvement activities in healthcare, and we're demonstrating the value of interdisciplinary approaches that range from social science to engineering, law to clinical sciences, and many more.

We're developing new infrastructures for doing research, engagement and collaboration, including our innovative online platform Thiscovery.

We're creating new capacity for the study of healthcare improvement, investing in an exceptional cohort of research fellows across the UK who are strengthening the academic field and are set to be the leaders of the future.

We're creating energy, focus and capability through our wide-ranging networks and collaborations, and participatory ethos. By engaging authentically with patients, staff and other stakeholders throughout the research lifecycle, we ensure the relevance of what we do, create a sense of shared mission, secure buy-in from the start, optimise our research findings for practice and policy, and assure the real-life impact of our work.

We're changing the thinking about the need for evidence to support improvement through advocacy and compelling examples – and showing that our findings can be turned into action.

In the last five years, we have demonstrated significant progress across all areas of activity, generating multiple assets and resources. In this strategy, we outline how we will build on our success and learning, and we present fresh ideas that will drive our mission forward by continuing to create high quality, actionable assets of value for those who work in, use and study healthcare.

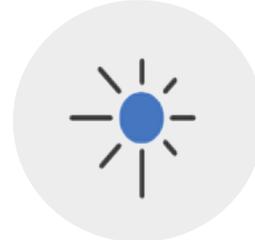
## Our values

Our values are lived, practised and integral to all that we do.



### Scientific excellence

Our commitment to research quality and rigour is fundamental to the success of THIS Institute.



### Collaboration

We work collaboratively in good faith, with trust sustained by genuinely cooperative behaviour.



### Equality, diversity and inclusion

We take our commitment to equality, diversity and inclusion very seriously across all our activities and workstreams.



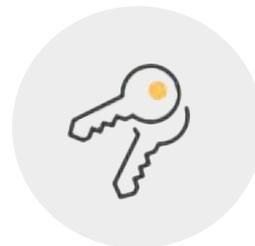
### Independence

Based at the University of Cambridge and funded by the Health Foundation, our independence allows us to play a unique and critical role of “honest broker” in the system.



### Respect

We are respectful in all our interactions with everyone we come into contact with.



### Responsibility

We work for the public good, including the effective and efficient use of the public funds allocated to healthcare.

## Our strategic aims for the next five years and the assets we'll create and develop

1

Build a rigorous and highly valued evidence base for improving quality and safety in healthcare

- Academic outputs
- New methods and theories for studying improvement
- Accessible resources for supporting improvement

2

Co-create evidence with patients, carers, the public, NHS staff and wider stakeholders

- Thiscovery, our online research, development and engagement platform
- Improvement Research Communities

3

Strengthen collaborations and build new ones

- National, regional and local networks
- Collaborations of many different types with diverse stakeholders
- Social capital, expertise, capability, and visibility

4

Build capacity in improvement research in multiple ways

- A new generation of research fellows to build the academic field
- Education and training
- The Cambridge Handbook of Improving Quality and Safety in Healthcare

5

Changing the thinking about the need for evidence to support improvement

- Advocacy and campaigns
- Innovative methods for communicating research
- Events, including the institute's flagship conference THIS Space

## Build a rigorous and highly valued evidence base for improving quality and safety in healthcare

1

### Assets being created:

- Academic outputs
- New methods and theories for studying improvement
- Accessible resources for supporting improvement

Our engaged and highly participatory approach to developing evidence is characterised by working throughout the research lifecycle with those whose expertise is rooted in lived experience – especially NHS staff and patients.

We foster communities and collaborations that generate ideas, we ensure multiple voices are heard, and we drive action forward. We work programmatically, allowing iterative refinement of research questions over time to produce the evidence that matters.

Our findings are valued both in specific clinical areas and for extending and deepening the evidence base for improvement more generally.

We will continue to draw on novel combinations of theories, methods and approaches – for example, by combining clinical expertise, health services research, systems engineering, anthropology, sociology, psychology, law, epidemiology, ‘big data’ analytics, organisation studies and others. We will place increasing emphasis on major collaborative research programmes that mobilise and value diverse expertise and on large-scale initiatives that would otherwise be difficult to undertake.

With the help of Thiscovery, our innovative online research, development and engagement platform (see pages 12-13), we will continue to generate key assets – including indicator sets, concepts, methodologies and theories – that can be used many times across diverse areas and for multiple purposes. As an example, our online consensus-building work has not only produced resources of immediate practical value – including a best-practice video on handling an obstetric emergency in a COVID scenario (viewed over 130,000 times) – but also a formalised methodology for designing solutions at scale.

## Our research priorities

Over the next five years, we will organise our research around three thematic priorities:

- Characterisation of improvement challenges
- Development of possible solutions and interventions using co-design
- Evaluation

### Strategic research priorities

Theme	Focus	Added value	Outputs
<b>Characterisation</b>	<ul style="list-style-type: none"> <li>• Detecting issues of quality and safety</li> <li>• Investigating problems</li> <li>• Coming up with shared visions</li> <li>• Identifying candidate solutions</li> <li>• Rationalising and prioritising recommendations</li> </ul>	<ul style="list-style-type: none"> <li>• Including diverse perspectives</li> <li>• Sourcing ideas at scale</li> <li>• Valuing lived expertise</li> </ul>	<ul style="list-style-type: none"> <li>• Deep understanding of problems and how they might be solved</li> <li>• Candidate approaches for development and testing</li> <li>• Identification of implementation and de-implementation challenges</li> </ul>
<b>Development</b>	<ul style="list-style-type: none"> <li>• Co-designing solutions and interventions</li> <li>• Investigating implementation strategies</li> <li>• Developing methods, theories and concepts</li> </ul>	<ul style="list-style-type: none"> <li>• Convening and incorporating multiple views</li> <li>• Tools and methods, including online modalities</li> <li>• Making improvement easier</li> </ul>	<ul style="list-style-type: none"> <li>• Intervention specifications</li> <li>• Evaluation plans</li> <li>• Improvements to infrastructure for delivery and data collection</li> </ul>
<b>Evaluation</b>	<ul style="list-style-type: none"> <li>• Identifying what works, what doesn't and why (outcome and process evaluation)</li> <li>• Iteratively improving interventions and implementation strategies</li> <li>• Testing and refining methods, theories and concepts</li> </ul>	<ul style="list-style-type: none"> <li>• Infrastructure for data collection</li> <li>• Tools for rapid evaluation and feedback</li> </ul>	<ul style="list-style-type: none"> <li>• Proven interventions and supporting guidance</li> <li>• Frameworks for evaluation</li> <li>• Cumulative learning scalable to other areas</li> </ul>

**Assets for healthcare improvement and improvement research**

>>>>
**All work underpinned by attentiveness to equality, inclusion and diversity**

Within these themes, choices will of course have to be made about which areas to prioritise for research. In selecting topics, we will be guided by the principles that were co-designed with our full range of stakeholders during the institute's set-up phase. In setting our priorities, we will remain mindful of the need to maintain balance across our research portfolio.

Our approach is to encourage bold and imaginative ways of understanding problems and the possible solutions, mobilising the contributions of patients and healthcare staff at scale – and by so doing make improvement big. We will focus on questions where the institute is particularly well-placed to add value and where there is potential for scientific excellence and scope for transferability. We will assess whether proposed activity can generate high-quality evidence and produce assets that are useful beyond the specifics of any individual project.

## Principles for prioritising projects and programmes

1	Does the question matter to patients and staff?
2	Does it have potential for scientific excellence?
3	Does it link to a system priority?
4	Does it make the most of the strengths of THIS Institute or could others answer it better?
5	Is it capable of being answered through collaborative approaches?
6	Is it likely to produce enduring learning that is transferable to other areas, for example theories, methods or other assets?
7	Can it contribute effectively to an accumulating knowledge base?
8	How does it fit in our overall portfolio - does it keep it balanced?
9	Can equality, diversity and inclusion be assured throughout the research lifecycle?

### Maintaining balance across our research portfolio

In determining our projects over the next five years, we will strive to ensure a dynamic balance across the portfolio as a whole. We will seek to maintain an appropriate balance between:

- Planned programmes and more responsive programmes that benefit from our agility and ability to respond to emerging needs and priorities
- Research focused on specific clinical areas, research that addresses cross-cutting improvement issues not tied to any specialty or condition, and research that generates assets and resources
- Different study designs, including traditional and more innovative techniques.

Much of our programme will continue to focus on those clinical areas where need is strongest, where there is potential for transferability and high impact, where we have existing strengths, and where we can add unique value. Areas include (but are not limited to) maternity care, mental health, primary care, care of older people, and perioperative care/surgery. We will also make use of our responsive capability to explore new and important questions and other health system priorities as they emerge.

In looking at cross-cutting themes, one example will include study of the role of digital and technological change in healthcare. We will build the evidence about the promises and risks, how it may restructure people's experiences of working in and using healthcare, and the implications for equity, inclusion and diversity.



## Co-create evidence with patients, carers, the public, NHS staff and wider stakeholders

### Assets being created:

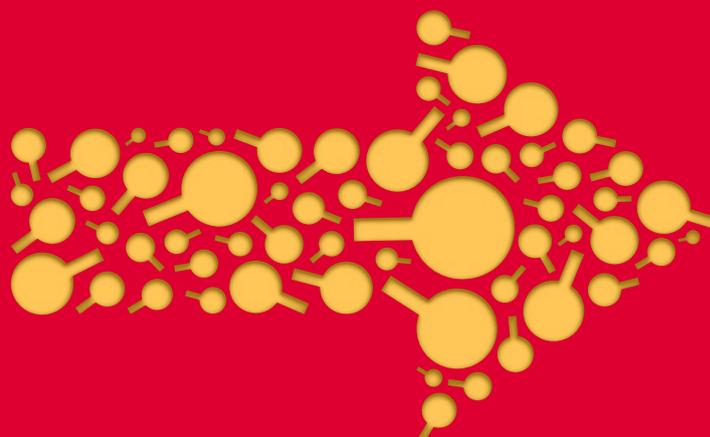
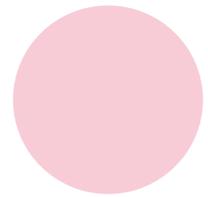
- Thiscovery, our online research, development and engagement platform
- Improvement Research Communities

We will continue to deliver our research mission in close partnership with all of those who have a stake in the effective functioning of the NHS – including patients, staff and the wider public. Working in this way not only reflects our values, it also contributes to impact by encouraging ownership and engagement from the very outset of every project.

### Thiscovery – helping people to help the NHS

The development of Thiscovery – both its technical realisation and the reach and quality of engagement it enables – is a landmark achievement for THIS Institute. Its purpose is to bring together those who have questions with those who can help to build the evidence for answers. It does this by providing an inclusive and rewarding way of engaging the knowledge, skills, creativity, lived experience and expertise of all those who use, provide or organise healthcare.

For the future, we will build on the strengths of Thiscovery. In so doing, we will address some of the most significant challenges that historically have hindered healthcare improvement, such as the absence of a unifying focal point for improvement research, problems in mobilising quickly enough, and the absence of an effective mechanism for coordinating endeavours at scale.



## The future of Thiscovery

### Scale and inclusivity

We will grow, **cultivate and curate the participant constituencies** hosted on Thiscovery, enabling better targeting and sampling for recruitment, keeping people engaged throughout project lifecycles and beyond, and respecting and celebrating everyone's contribution. We will build on the platform's potential to include a wider range of people in research - for example, enabling participation whenever it's convenient, at scale and across geographies.

### Efficiency and responsiveness of research, evaluation and engagement

We will **develop libraries of project templates, processes and web functionality** on Thiscovery to facilitate efficiency and quality. We will automate many of the processes underlying projects, allowing researchers to set up their own Thiscovery projects and further improve efficiency and experience. This also means that Thiscovery can enable more rapid mobilisation to service need.

### Improving engagement

We will ensure **high levels of trust and brand recognition** for Thiscovery, so it becomes the first place that those seeking to host projects and those seeking to take part will think of. This will help to address a number of current challenges in the healthcare system, including the problem that individual studies can be hard to find and researchers can spend a lot of effort starting from scratch with design, infrastructure and recruitment for each project.

### Collaborative multicentre studies

We will use multiple mechanisms, including our new Improvement Research Communities, to **coordinate collaborative multicentre studies** that will engage on a grand scale.

### Scientific and methodological innovation

Thiscovery will continue to enable **novel collaborative approaches** both to improvement and to the study of improvement. We will build a body of evidence about how to **maximise the potential for online research**, development and engagement.

Thiscovery has been specifically designed to meet accessibility standards. It allows new forms of inclusion and participation. However, we remain ever-sensitive to the risks of digital exclusion and will continue to innovate in addressing this challenge. We will, for example, continue to offer many different methods for involvement, including telephone and postal options and in-person meetings when possible, and will support IT access where needed.

**Improvement Research Communities – enabling co-design and evaluation at scale**

Many small local improvement projects are often valuable in their own right. But one thing that has been missing is a coordinating mechanism for larger-scale projects that could mobilise latent talent, skills, ideas, and diverse forms of expertise and capacity to meet the need for generating evidence at scale. To address this gap, we plan to establish THIS Improvement Research Communities.

The communities will bring key stakeholders – most importantly staff and patients, as well as wider stakeholders – to consider and understand a problem, gather data, co-create a vision, and co-design and evaluate solutions on a very large scale. By enabling many people to collaborate around defined research questions, the improvement research communities will help to make improvement research big, reducing fragmentation and creating momentum and energy.

The infrastructure created by the new communities will greatly expand expertise and increase capacity for improvement research across the UK – and potentially beyond. It will help to seed and nurture communities and networks who will be at the forefront of a social movement to embed into the mainstream the principle that improvement efforts should always both be based on and create evidence.

These new communities are an exciting prospect but involve some complexity. To take the programme forward, we will first engage in a rigorous scoping exercise to develop the right model, assess technical, budgetary and regulatory requirements, and do pilot work with suitable collaborators. We will also scope how to ensure accreditation of participation for professional purposes. We will ensure that the communities are built on principles of co-creation and that development is participatory, iterative and informed by ongoing learning. We will look to establish business models that can sustain the communities into the future.

## Strengthen collaborations and build new ones

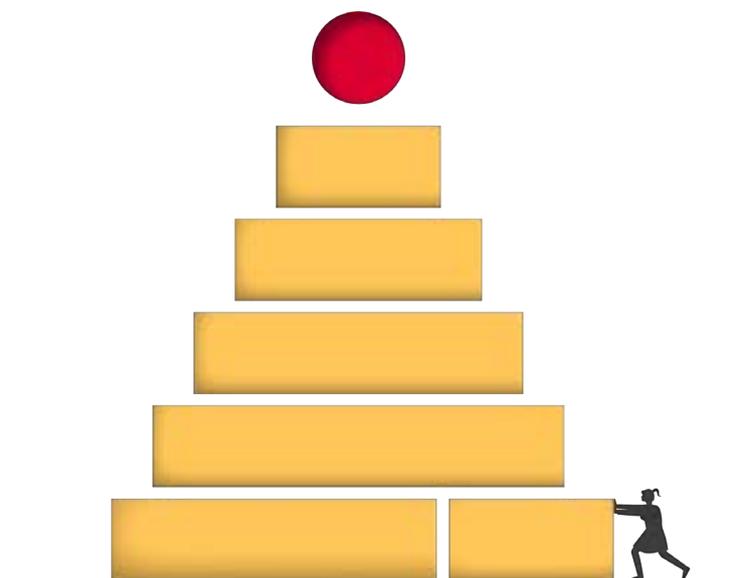
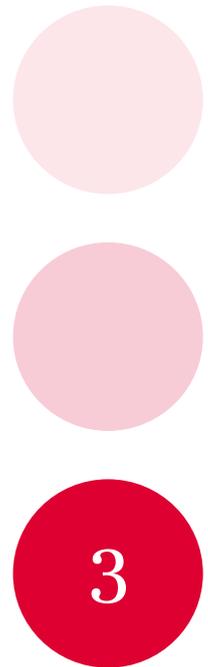
### Assets being created:

- National, regional and local networks
- Collaborations of many different types with diverse stakeholders
- Social capital, expertise, capability, and visibility

Relationships are at the heart of what we do. We cannot deliver on our mission without forming and sustaining relationships across multiple sectors, including healthcare provision and policy, research, and the voluntary sector. So, from the very beginning, collaboration has been an underpinning value for the institute.

Our collaborations are extensive and diverse, ranging from specialist charities and patient advocacy groups through to national bodies. They enable access to existing networks, infrastructures, and expertise – including the lived experience and expertise of patients, carers and NHS staff – and they extend the range of perspectives we can draw on in building evidence. Collaborations are also crucial to raising the visibility, credibility and influence of the institute across the audiences we need to reach.

We will continue to capitalise on our convening power by bringing together large-scale, inclusive and diverse collaborations that are attentive to the needs of patients, NHS staff, and the wider health system.



### Nurturing and developing collaborations

We will maintain and nurture existing collaborations and develop new collaborations that can serve our strategic goals, building on the trust and mutual benefit already achieved to provide the basis for future research.

New collaborations will be sought strategically, in a goal-driven way. We will aim to strengthen our relationships and influence with policymakers and other key decision-makers, especially those driving commissioning and standards in the restructured NHS. And we will seek to work yet more closely with other organisations engaging in improvement.

We benefit greatly from being based in one of the world's most successful innovation ecosystems. We will work with colleagues in our environment whose methodological strengths complement and augment those of the institute – for example, in areas such as health economics and health data science. In particular, we will work with those developing solutions, including new technologies and other innovations to conduct studies aimed at co-design, evaluation, and implementation strategies.

The planned THIS Improvement Research Communities (see page 14) will provide a new and exciting collaboration infrastructure, enabling large-scale coordination of major projects across multiple centres with diverse participants – including staff, patients and wider stakeholders.

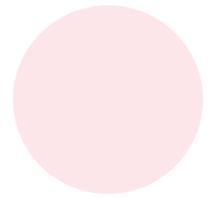


## Build capacity in improvement research in multiple ways

### Assets being created:

- A new generation of research fellows to build the academic field
- Education and training
- The Cambridge Handbook of Improving Quality and Safety in Healthcare

Much of our capacity-building in improvement research so far has taken place through the institute's flagship **research fellowship programme**.



As the programme matures, we will seek to develop our capacity-building function in new and exciting ways – including *The Cambridge Handbook of Improving Quality and Safety in Healthcare* and a possible new training and education offer.

Thiscovery will have an important and growing role to play here – by engaging and exposing more people to research and by helping to move forward thinking about the best ways of delivering research online. One way it will do this is by supporting the new THIS Improvement Research Communities (see page 14), which will build research capacity across the NHS.

### **Our fellowship programme**

Our fellowship programme has brought depth and breadth to the range of academic disciplines involved in healthcare research. It has expanded the portfolio of healthcare improvement studies, challenged the boundaries of traditional thought about who does this type of work and what it involves, and extended our reach and influence. And because fellows come from such a broad range of disciplines, they're taking forward improvement activity in new and exciting areas and opening fresh lines of scientific inquiry.

Generating valuable new communities, networks and collaborations, the fellowship programme has created focus for improvement research and increased visibility of the institute across the UK. To date, we have funded over 40 fellows in 20 UK universities, marking a major investment in capability-building for the study of improvement.

Most of the funding for the fellowship programme is now committed. But we will continue to recruit themed fellows to conduct studies on defined topics relevant to policy or practice needs, system priorities, and national initiatives. We will recruit specific themed fellows for our new Improvement Research Communities. And we will seek to increase diversity in terms of applicants' sociodemographic characteristics and disciplinary background.

Over the next five years, we will further develop our approach to curating the impact of the fellowships, including specific areas of focus as well as the development of the scientific discipline of improvement research more generally. We will dedicate resources to increasing the profile of the programme and individual fellows, provide leadership for community and alumni development, strengthen the communications and engagement support package offered to fellows, maximise the impact of the programme, and create legacy. We will actively cultivate the vibrant community we have created and seek to catalyse relationships and connections, and we will synthesise learning across and between fellowship projects to show the contribution to the evidence base and the field.

### **Education and training**

To augment and sustain our capability-building, we will examine the possibilities for a new education and training programme. We will dedicate new resource to scoping and developing this area of the institute's activities starting in 2022.

### **The Cambridge Handbook of Improving Quality and Safety in Healthcare**

Throughout 2022 and 2023, we will be publishing, in stages, *The Cambridge Handbook of Improving Quality and Safety in Healthcare* – the first comprehensive collection of the evidence behind improvement techniques commonly used in healthcare. An authoritative resource for academics, practitioners and sector leaders, it will be a foundational contribution to the field of healthcare improvement, helping to share expertise with those seeking to learn more about the evidence base.

## Changing the thinking about the need for evidence to support improvement

### Assets being created:

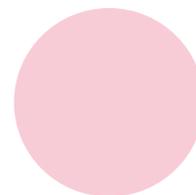
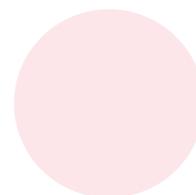
- Advocacy and campaigns
- Innovative methods for communicating research
- Events, including the institute's flagship conference THIS Space

Achieving THIS Institute's mission requires sustained engagement with NHS patients, staff and other stakeholders, not only to co-design and participate in our research, but also to disseminate, amplify and act on our findings. So we will continue to use high-quality communications and engagement to increase awareness, participation, diversity and inclusion throughout the research lifecycle.

The healthcare and research ecosystem in which the institute operates involves multiple institutions and multiple bodies that straddle several sectors. To increase the visibility of healthcare improvement research across this complex system, we will strengthen our public affairs and NHS partnership activities over the next five years through a campaign targeting policy, practice, and public audiences.

Advocacy for our mission is critical because the social movement to institutionalise the principle that improvement efforts should be based on evidence is still in its early days. Increasingly, we will function as a focal point for healthcare improvement research in the UK, using a variety of methods to tell our story.

We will seek to persuade those with the ability to influence change to take informed action. And we will redouble our efforts to make sure our research findings are actionable, focusing on how best to ensure our research is designed for implementation in the NHS for the benefit of patients, staff, and the health system. We will grow our relationships with those who could use our evidence as a basis for action, and strengthen our links with the improvement infrastructure for the NHS. And we will proactively increase our media profile.



### **Creative approaches to communicating research**

Formal academic publications are, of course, essential for scientific impact and credibility. But we will continue to think laterally and imaginatively about also creating innovative and engaging content that both builds and consolidates the audience for improvement studies – extending the audience and keeping them engaged in our work. For example, we will make extensive use of podcasts, audio-visual content, frameworks and checklists, as well as plain-English summaries of research that neither compromise on the quality of the message nor dilute the evidence. But whatever the format, we will focus on delivering solution-focused content that meets practical needs and respects diversity.

As highlighted in the previous section, a crucial and landmark resource will be publication of *The Cambridge Handbook of Improving Quality and Safety in Healthcare* – the first comprehensive survey of the evidence behind healthcare improvement techniques. A digest version will be launched alongside the handbook to enable busy NHS staff to easily access the information they need. Together, these two resources will help those seeking to implement improvement initiatives to negotiate the maze of possible techniques and select the most appropriate approach for their situation and context.

### **Maximising engagement through diversity of events**

Our popular and well-received events programme will remain a feature of our communications and engagement approach. We will continue to run innovative, engaging and inclusive free-to-attend events. In particular, our flagship annual event THIS Space brings together patients, researchers, practitioners and system leaders to create a unique space for debate and dialogue about the study of improvement in healthcare. We will complement this annual conference with other targeted events aimed at NHS staff, policymakers and patient, carer and public audiences. And we will continue to speak at external events to raise the profile of our research and the institute's mission.



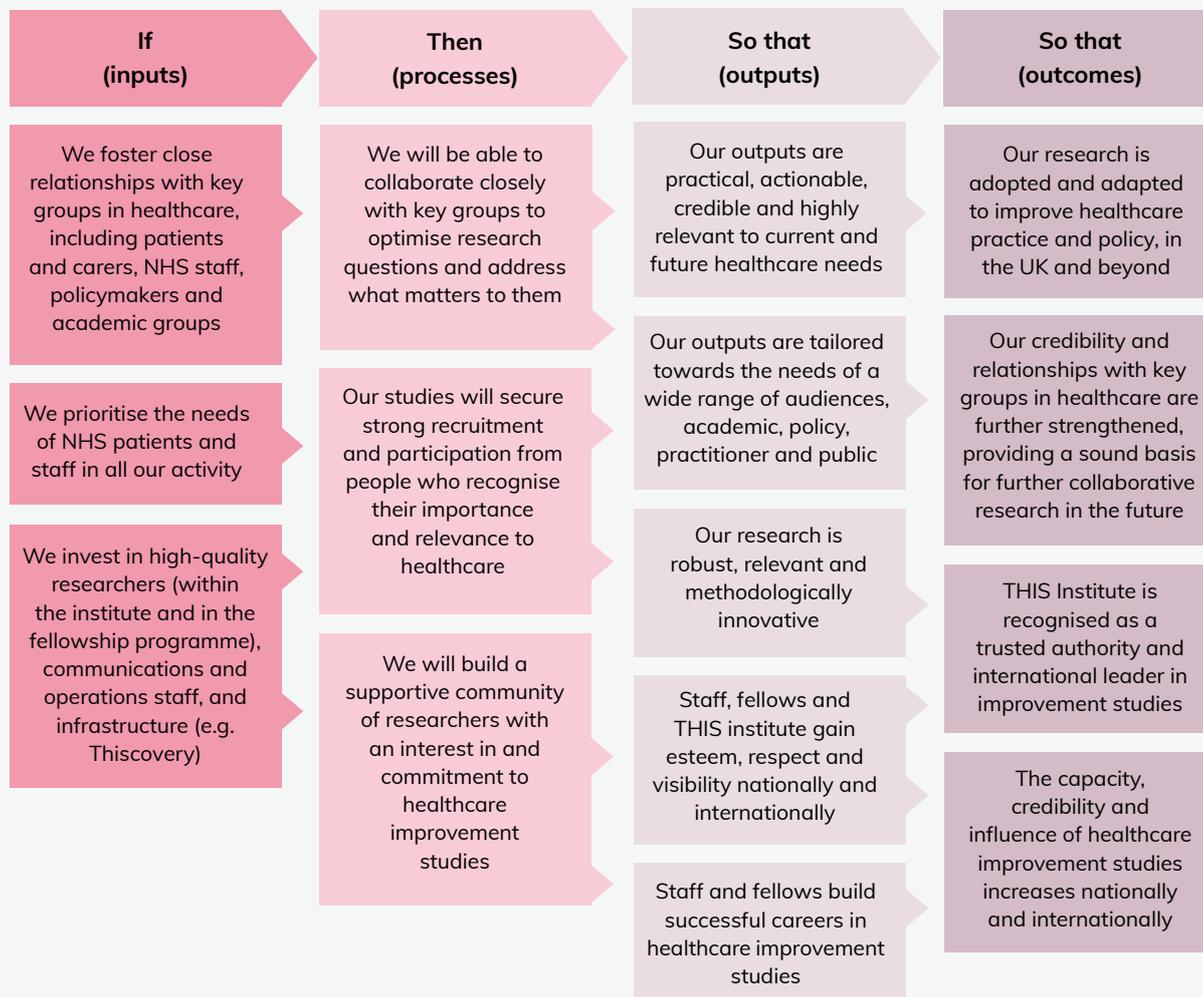
## Achieving and curating impact

From the outset, we have sought to ensure that the evidence, methods, theories and concepts we produce are seen as actionable assets that can be relied upon to form the basis of decisions and actions that can make a real difference in improving the quality and safety of healthcare. Already we can point to considerable progress towards that aim.

Evidence of the growing impact of the institute’s work includes, for example, the influence of the studies we conducted during the pandemic. These drew attention to the experiences of patients, carers and staff, generated new evidence about the role of remote care, and made vivid the neglected problem of moral injury for staff working in mental health services. This work has already been widely cited, including in policy documents.

But we’re determined to make our work more actionable still. Over the next five years, we will further develop our practices and establish new processes to secure and curate our impact, supported by a newly established THIS Institute impact taskforce and guided by our theory of change for impact.

### The theory of change for impact



The theory of change shows how the institute's **inputs** (such as allocations of funding to build capacity and infrastructure) and **processes** (collaborative research activities) are intended to lead to co-created **outputs** (papers, recommendations, tools and other assets presenting actionable evidence) and **outcomes** (changes in practice, policies, experiences, and health benefits).

In **securing impact**, we are highly conscious of the need to produce evidence that is relevant and timely and capable of generating genuinely useful support for decisions, policies and practices. Our highly collaborative approach – with multi-stakeholder engagement at every stage of the research lifecycle – is key to achieving this goal, since those involved in co-creation are far more likely to endorse proposed changes, and the effect is amplified when it happens at scale.



At THIS Institute our goal is to strengthen the evidence base for improving healthcare. We're boosting research activity, increasing research capability, and creating a new generation of experts in the study of improvement.

Open, transparent and highly collaborative in approach, we work closely with patients, healthcare staff, academia and other sectors, to provide a unique range of perspectives.

We're dedicated to trying new things, and do not shy away from the difficult subjects. At the same time, our rigorous and systematic studies use high quality methods and theories. THIS Institute welcomes everyone to join our important mission, and together shape better healthcare for everyone.

THIS Institute is made possible by the Health Foundation.

**THIS**.Institute The Healthcare  
Improvement  
Studies Institute

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