Project Specification and Response Form

An independent evaluation of Q

**How to apply**

If you are interested in submitting a proposal, please read the Project Specification and Response document in full and complete your application. Please ensure that you respond to all questions within your application.

**Information session**

We will hold an information call on **Tuesday 10th January 2023** at 15.00 via Zoom. Please register for the call [here](https://thehealthfoundation.zoom.us/meeting/register/u5AqduuppzkuGtDdIUkwobjiJ07nyp6CDdn8). We welcome any questions you may have in advance. Please email these to [matthew.hill@health.org.uk](mailto:matthew.hill@health.org.uk) by 17:00 on Monday 9th January 2023.

**Deadlines**

All applications should be completed by 17:00 on **Tuesday 7th February 2023** and sent to [q@health.org.uk](mailto:q@health.org.uk). Please send a completed budget template alongside your specification response form.

We will interview shortlisted suppliers on **Monday 20th February 2023** to explore proposals in depth. Please ensure you are available to be interviewed on this day. We expect to notify the successful supplier by Friday 24th February 2023.

Contact:

**Dr Matthew Hill**

Head of Insight, Evaluation and Research, Q

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12.12.22

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**Summary**

The Health Foundation, through this Invitation to Tender (ITT), is seeking a provider to undertake an independent evaluation of Q. The evaluation will run from **March 2023 to June 2025** with the final evaluation report to be published in the summer of 2025.

Q is a community of thousands of people across the UK and Ireland, collaborating to improve the safety and quality of health and care. Q is led by the Health Foundation and supported and co-funded by the lead organisations responsible for supporting improvement in the health sector in each part of the UK and Ireland.

The aims of the evaluation are to:

* Generate more precise evidence on exactly how different offers within Q contribute to impact. This will inform decisions around adapting Q’s offers and developing new offers and understanding how the different elements of Q can be best integrated to achieve cumulative impact;
* Generate high quality evidence of the extent of Q’s overall impact at scale. This will give particular focus to the outcomes in terms of more effective and sustainable improvement work, contribution to organisation and system priorities and shifting the culture and conditions within which improvement takes place.

We are open to a wide range of methodologies, however, we are seeking approaches that tackle causation head on and allow for precise evaluative assessments to be made. We anticipate a mixed methods approach with some aspects of the evaluation collecting data at a high standard of evidence and with a strand that includes a value for money assessment.

The total budget including VAT and all costs is up to £250,000. An additional drawdown fund of £50,000 has also been made available for this evaluation, however, this is for additional work that may emerge throughout the commission and **should not** be detailed in response to this tender.

1. **About Q**

## The Health Foundation

We are an independent charity committed to bringing about better health and health care for people in the UK. Our aim is a healthier population, supported by high quality health care that can be equitably accessed. We learn what works to make people’s lives healthier and improve the health care system. From giving grants to those working at the front line to carrying out research and policy analysis, we shine a light on how to make successful change happen.

You can find out more about the Health Foundation at <https://www.health.org.uk/>

## The Q community

#### Q is an ambitious community connecting thousands of people with expertise in improvement across the UK and Ireland. Q makes it easier for people from a wide range of backgrounds to learn, share and collaborate, so that the existing skills and the £billions spent on innovation and improvement in the health sector stretch further. Ultimately, our mission is to support continuous and sustainable improvement in health and care.

#### Following a design and set up phase in 2015, we have established a strong brand, communications infrastructure and set of activities, a novel approach to grant funding and a way of making progress on complex problems.

#### It is being led by the Health Foundation and supported and co-funded by the lead organisations responsible for supporting improvement in the health sector in each part of the UK and Ireland.

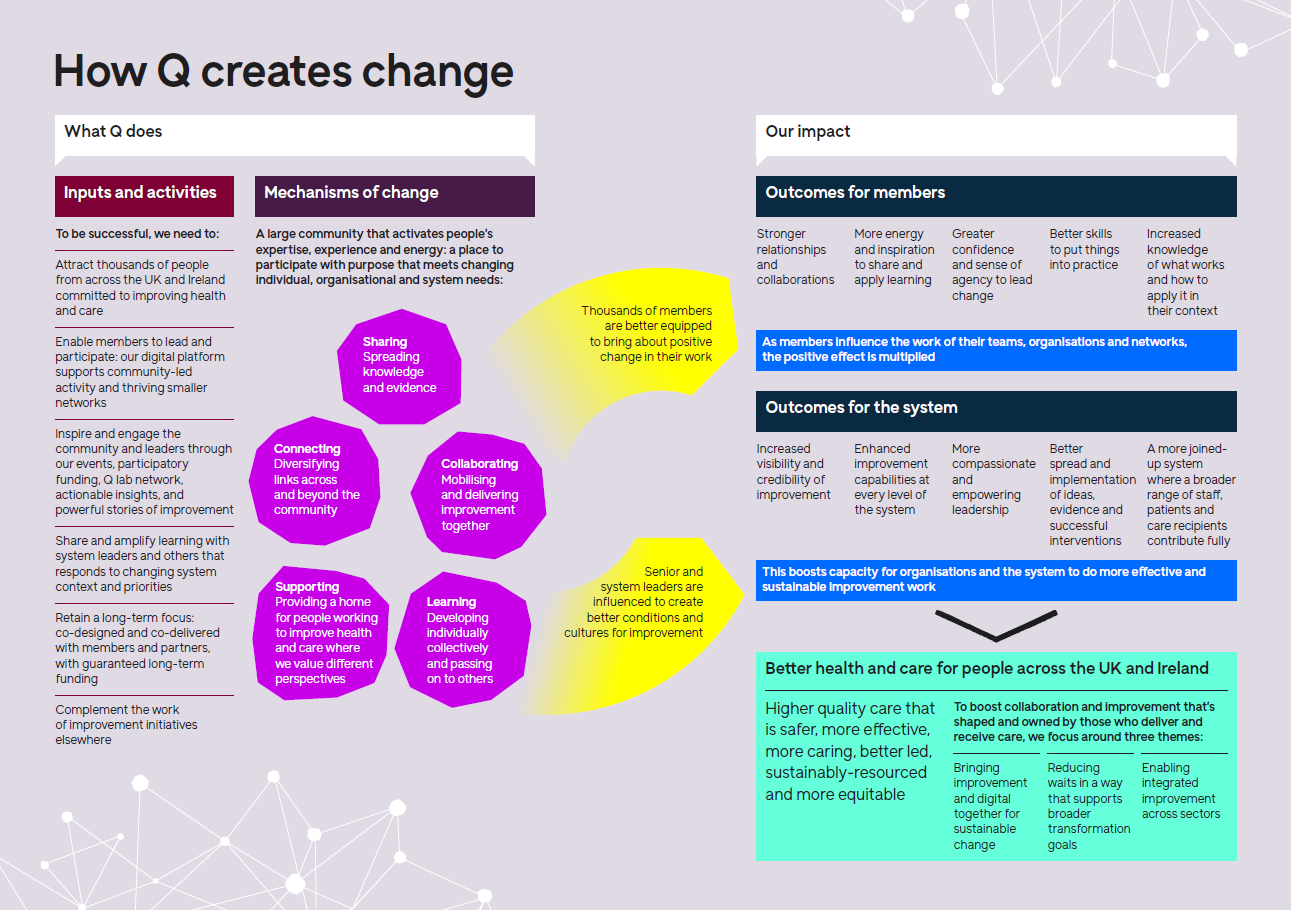
You can find out more about Q in the appendix or on our website at: <https://q.health.org.uk>

1. **Q’s impact**

Q brings people together to improve health and care. Effectively, sustainably and collaboratively. Our theory of change sets out how Q creates and achieves change. It has been refreshed in 2022 to reflect the existing evidence and evaluation of Q. It builds on earlier versions that were co-developed with members in the early days of Q.

Preventable harm and variation persist within the UK and Ireland. But the challenge to achieve better quality health and care remains. Q was set up to tackle this challenge. We aim to boost the capacity and shift the conditions of the system to support and enable more effective, sustainable collaborative improvement.

The latest version of the theory of change can be seen below (NB: this version is still subject to minor revisions and edits).



## Mechanisms of change

What makes Q most distinct is how the expertise, experience and energy of our community is activated through five core mechanisms of change. These are ‘present’ to varying degrees across the inputs and activities outlined in more detail in Appendix A: About Q:

1. Members **connect** and build diverse links across and beyond the community.
2. Members **share** and spread their knowledge, experience and wider evidence of what works (and what doesn’t).
3. Members **support** each other on a professional and human level. In turn, Q provides a home for people working to improve health and care where different perspectives come together and are valued.
4. Members **learn** together, allowing them to develop both individually and collectively and pass this learning on to others.
5. Members **collaborate** within the community to mobilise and deliver improvement work across the system.

These mechanisms require participation with purpose.

One core mechanism is rarely enough to create change. We believe change is achieved in how the five mechanisms support and complement each other.

## Routes to impact

We achieve our outcomes and impact through multiple routes. First, the inputs, activities and mechanisms result in thousands of people who are improving health and care being better equipped to bring about individual and collective change in their work.

Our second route to impact is through shifting the culture and conditions in the system to better support and enable collaborative improvement. This is crucial to achieving change at scale.

Through these two routes coming together, Q achieves outcomes and impacts for members, their work, organisations and the wider health and care system.

## Outcomes for members and their work

Through equipping members to bring about change in their work, they can implement more effective and sustainable improvement. If this change at the ‘individual’ level is seen at sufficient scale, it adds up to significant change at the aggregate level.

Through being part of Q, members:

* have stronger relationships and collaborations
* are more highly skilled and with a greater capability for putting things into practice
* have increased knowledge of what works and how to apply it within their context
* have more energy and inspiration to share and apply learning
* have greater confidence and sense of agency to bring about and lead change

These outcomes are multiplied by them being passed on and influencing the work of their teams, organisation and networks.

## Outcomes at the system level

Q achieves change directly at the system level through work that is focused on influencing senior leaders to better support improvement. Our work at this level reflects our mechanisms of change but is targeted through specific offers. This includes our insight activity, and work to convene and influence leaders.

Through these two reinforcing routes there is:

* greater visibility and credibility of improvement
* enhanced improvement capabilities at every level of the system
* better spread and implementation of good ideas, evidence and interventions
* more compassionate and empowering leadership
* a more joined-up system where staff, patients and care recipients from different parts of the system contribute fully.

At the system-level, this boosts the capacity of organisations and the system to achieve more effective and sustainable collaborative improvement.

## Ultimate impact

Ultimately, Q contributes to better health and care for people in the UK and Ireland. Q is responding to the ongoing challenges of preventable variation and harm: we support higher quality care that is safer, more effective, more caring, well-led, sustainably-resourced and more equitable. Over the coming years, a lot of our work will be focused around core themes that align with system priorities. At the core of almost all of our work is our overarching theme related to how effective collaboration and improvement can engage people for sustainable recovery over the years ahead. We will then have three more focused themes to help drive our work:

* Bringing improvement and digital together for sustainable change
* Reducing waits and addressing backlogs in a way that supports broader transformation goals
* Enabling integrated improvement across sectors

## Q’s strategic objectives

To give more concrete direction to our work and as part of securing funding between 2020 and 2030, Q set out and agreed seven 10-year strategic objectives that drive and focus our work. They sit underneath and within our theory of change. They are:

1. to build a diverse, thriving and self-sustaining community of 10,000 members underpinned by a sophisticated core infrastructure that offers high quality opportunities for connecting and ensures benefit to the wider improvement community.
2. to considerably boost the improvement capability available to health and care, by supporting professional development and making it easier to access and bring together the range of skills needed for effective change.
3. to shift the culture and context for improvement by increasing the effectiveness of system level work and increasing the visibility and credibility of improvers within their organisations.
4. to generate and share actionable insight that is used by members and the wider system to help them do improvement more effectively.
5. to increase organisational capabilities, and individual skills and behaviours, to deliver high quality and sustainable improvements to complex health and care challenges, and to develop the Q Lab approach and network as effective mechanisms to deliver change.
6. to bring about substantial collaborative improvement through directly funding practical projects and effecting meaningful change across health and care.
7. to develop Q’s adaptive capacity and sustainability with strong governance, cross-sector partnerships, and secure long-term funding.

## Defining success up to 2025

As part of our planning process for 2023-25, Q will set strategic objectives up to March 2025. These will be largely in line with the 10-year objectives and underpinned by Q’s theory of change. These 2025 objectives will provide a clear definition of success over this period with accompanying descriptions and indicators and will form a key basis of the evaluative assessment to be made as part of this commission. This work will be completed during March and April 2023 and so the evaluators will play an important role in refining and defining the objectives, their descriptor and their indicators. Indeed, this will be a key element of the first stage of the evaluation.

## Q’s 2025 review

As part of securing support and resources up to 2030, Q agreed a formal review process in late 2025 that would reflect on progress and impact to date and inform developments in Q’s strategic direction up to 2030. The precise format and process of this review is yet to be determined but it will be formally led and governed by the Health Foundation Board. This review stage is a key aspect of the decision context for Q in relation to this evaluation commission, albeit the evaluation will also be expected to contribute to decisions and improvements to Q that sit outside of the scope of this review.

## 3.0 Existing evaluation and evidence for Q

The evaluation will need to build on the considerable evaluation and wider evidence that exists for Q. The current evidence base is summarised below and will be more fully consolidated in an Impact and Learning report to be published in Spring 2023. This will help to form a foundation for the independent evaluation.

Q is an evidence-led initiative that emerged from the Berwick review ([2013](https://www.gov.uk/government/publications/berwick-review-into-patient-safety)) and drew on Health Foundation research into effective networks for improvement ([2014](https://www.health.org.uk/publications/effective-networks-for-improvement)). Q has also been well evaluated since its establishment. There have been four independent evaluations (two of the Q community and two of Q Labs specifically) including RAND Europe’s 4-year and £500k [evaluation of Q](https://www.rand.org/pubs/research_reports/RRA166-1.html). Q also has an in-house Evaluation and Insight team that manages our data, project-level evaluation and smaller, bespoke evaluation contracts.

|  |  |
| --- | --- |
| Table 1: Summary of our understanding of Q’s impact to date | |
| **Q has…** | **Q has not yet...** |
| been well designed with a compelling theory of change and underpinned by wider evidence (even if parts of the wider improvement literature are contested). | secured member engagement at a very large scale, including sufficient numbers of members taking up leadership roles within the community. |
| attracted thousands of improvers who have brought energy, a willingness to learn and mutual support to the community | persuaded system leaders to regard Q as a crucial resource when considering how to improve services and achieve better outcomes for service users. |
| delivered a range of flexible offers that are consistently rated as providing a high-quality experience. | sufficiently shifted the culture and conditions in the ‘system’ to be truly enabling and supportive of improvement. |
| benefited members in a range of ways - building their connections, skills, knowledge, confidence and sense of agency to bring about change. | translated member benefits into tangible changes to improvement work at large scale. |
| led to practical knowledge mobilisation on the ground, which has changed how improvement is being done. | connected the energy it has created to establish a sustained basis for improving health and care across the UK and Irish health and care system. |
| collected tangible examples of this change at the individual and project level. |  |
| been perceived by members to have increased the visibility and credibility of improvement at the ‘system’ level. |  |

We are expecting suppliers to demonstrate how their approach clearly builds on the existing evidence base in their proposal and how their approach will make the biggest contribution to it in terms of greater precision and quality of evidence.

**4.0 Evaluation aims**

The evaluation will provide **high quality and precise evidence on Q’s impact**, which will underpin continuous improvement in Q’s work and inform strategic decision making. In particular, the evaluation will play a key role in informing the decisions regarding Q’s future strategic development beyond 2025 that will be taken by Q’s leadership team, its Advisory Board, its partners and, ultimately, the Health Foundation Board. Within this context, and in order to most successfully build on the existing evidence base for Q, the evaluation will take a dual focus (with an emphasis on aim 2):

* Aim 1: Generate more precise evidence on exactly how different offers within Q contribute to impact. This will inform decisions around adapting Q’s offers and developing new offers and understanding how the different elements of Q can be best integrated to achieve cumulative impact;
* Aim 2: Generate high quality evidence of the extent of Q’s overall impact at scale. This will give particular focus to the outcomes in terms of more effective and sustainable improvement work, contribution to organisation and system priorities and shifting the culture and conditions within which improvement takes place.

Without restricting suppliers to bring their own expertise and perspectives to developing the approach we anticipate the proposals to take the following focus:

* The evaluation should be primarily **summative** with a focus on making clear evaluative judgements on the extent of impact resulting from Q’s work. This builds on previous evaluation that has been primarily formative.
* It will provide some evidence of a **higher standard** than previous evaluations (including attempting to capture some evidence at Level 3 of [Nesta’s standards of evidence](https://media.nesta.org.uk/documents/standards_of_evidence.pdf)). Despite challenges in evaluating Q it has now reached a scale, maturity and stability to allow for a higher standard of evidence to be collected.
* It will have **an accountability focus**, with the evaluators making an assessment of Q’s progress against commitments to funders, partners and members - including an assessment of value for money. This will include an assessment of progress towards Q’s strategic objectives up to 2025.

**5.0 Evaluation questions**

We believe the most useful evaluations take a focused approach to prioritising their aims, questions and approach. We will work closely with the appointed evaluation supplier to refine and flesh out the evaluation questions in the first few weeks of the commission. However, there are three core questions that should drive the evaluation:

Table : core evaluation questions

|  |  |
| --- | --- |
| 1. What is Q’s impact? | This evaluation will generate evidence further to the right of Q’s theory of change than previous evaluations and in relation to Q’s strategic objectives. In particular, it will build on the existing strong evidence base on outcomes for individual members and focus on generating evidence in relation to Q’s outcomes for improvement work, outcomes for organisations and outcomes for the system. These outcomes are the priorities for our key stakeholders and are also the areas where we currently have the weakest evidence. Due to the difficulties (including resources required) of capturing evidence on ultimate impact on quality of care and patient outcomes – we do not anticipate these being a core focus of evaluation effort. |
| 1. How is Q achieving impact? | This evaluation will provide a clear and precise codification of the factors that both support and inhibit the achievement of impact. This will include factors in relation to Q’s work (eg our delivery model, our offers and activities, our mechanisms of change and our themes) and factors related to the wider context.  The evaluation will also provide understanding around if and precisely how Q’s activities work together to achieve cumulative impact. |
| 1. How can Q increase its impact? | Building on question 1 and 2, the evaluation will make clear recommendations for how Q can develop to increase its impact beyond 2025. This should provide recommendations across all aspects of Q’s work including in relation to Q’s activities (including possible new offers and potentially ceasing some offers), our partnerships and Q’s delivery model. |

We are aware of the challenges in relation to evaluating the impact of Q. Suppliers will need to understand these challenges, explain how their approach will confront them and be realistic in terms of what is and is not possible. Key challenges include:

* For most members Q is **a light touch** form of engagement meaning the ‘dose’ and ‘effect size’ of Q is often relatively small;
* There is **no standard journey**through Q for members: it is not a set intervention and different members will navigate a different pathway through Q’s offers and resources;
* Members can ‘use’ what they get from Q in multiple ways: there are **few specific pre-determined outcomes**and impacts. Instead different members will have different aims in relation to their role, needs and priorities;
* As a diffuse network a lot of what members do as a result is **not visible**to Q centrally;
* Q works **upstream.**The ultimate impact, for example on better health, is often a long way from our work;
* Q primarily **achieves impact through collaborations**and contributions alongside others.

1. **Anticipated methodology**

The evaluation supplier will have freedom to design the specific methodological focus of the evaluation, however, in order to meet the project aims outlined above, we are expecting proposals that have the following elements:

* **A mixed method approach** that utilises both quantitative and qualitative methods. This mixed method approach will be necessary in order to both measure impact with precision and understand its complicated dynamics.
* **Include methods that directly tackle causation**. Within qualitative methods, this could include contribution analysis, qualitative comparison analysis or process tracing (NB: these are just examples – we are open to other approaches). Within quantitative methods, some part of the evaluation will likely include quasi-experimental methods utilising comparison groups to explore ‘dosage effects’. This could be at the individual level (ie comparing members with non-members) or at the regional/ organisational level (ie comparing regions/ organisations with high member levels with organisations/ regions with low member levels). Experimental methods will likely not be pursued as randomisation is not appropriate for Q. Please note, we do not anticipate the entire evaluation budget to be spent on quasi-experimental methods but we do anticipate some element of the evaluation to use these approaches.
* **Include a value for money or economic evaluation strand**. We anticipate this will be one strand of the evaluation rather than the entire evaluation budget being driven by economic approaches and associated theoretical perspectives. We have already commissioned an informal scoping review for the possibility of undertaking an economic evaluation of Q. Again, we are open to a range of approaches but our scoping work suggests the most appropriate approaches are likely to not attempt to monetise Q’s value, but rather, will provide sufficient precision around relative value to inform key decisions. For example, Multi-Criterion Decision Analysis would offer this.

**7.0 Evaluation practice in Q**

As expert and experienced evaluators in this field, the successful supplier will have a value-led and principled approach to evaluation. To give prospective suppliers a better understanding of Q’s evaluation practice we are sharing the below principles that underpin our approach. **Firstly, we believe good evaluation starts with the right people, asking the right questions, for the right reasons**. ​It should:

* be proportionate, meaningful and actionable - rooted in Q’s theory of change and measure what matters in order for Q to have a positive impact;​
* use appropriate methods ​ - that provide rigorous and high-quality data but may go beyond formal standards of evidence;
* devote considerable attention to analysis ​- doing justice to the data collected and providing insights that are accessible and timely; ​
* be shared and collective​ - where possible, standardised measures are used and collective evidence leant on;​
* not shy away from what hasn’t worked​ - drawing learning from ‘failure’ and success;​

Our evaluation work also utilises co-design and participatory approaches -embracing complexity (without getting bogged down by it), drawing on improvement methods and, where possible, being developmental for those involved.

**8.0 Ways of working**

The process and quality of engagement between the evaluator and the Q Team will be vital to the success of this work.

The first interaction as part of this commission will be an inception meeting (expected to be early March 2023) to refine the evaluation approach, discuss the outputs of the evaluation and agree ways of working for the duration of the contract.

This evaluation will be directly managed by Q’s Head of Insight, Evaluation and Research. They will want to meet or speak with the evaluator regularly. We anticipate that they will meet, either in person or remotely, at least monthly.

Q has a four-person strong Evaluation and Insight (E&I) function who undertake a range of research and insight projects with Q’s community and also lead various aspects of our in-house evaluation activity. This includes analysing our member and engagement data, evaluating specific offers within Q such as our Q Community event and developing other aspects of our approach to impact management. In addition to regular direct contact with the Head of Insight, Evaluation and Research, the evaluator will be expected to work closely with the other members of the E&I function to exchange knowledge, share perspectives and embed learning.

The evaluation will be guided by an Evaluation Steering Group. This will be independently chaired and will include a member of Q’s Advisory Board, representation from Q’s country partners (across the UK and Ireland), a member of the Health Foundation’s Research Team, some Q member representation and a small group of evaluation experts in relevant fields. This group will meet quarterly from late March 2023. A member of the evaluator team will be expected to attend, and lead sections of, these meetings. In total, this will be no more than ten meetings.

In addition to the above, strategic input will be provided by Q’s leadership team (QLT) and its Advisory Board. We also expect the evaluator to engage and share findings with Q’s wider delivery team. As part of this, the evaluator will be expected, from time to time, to attend QLT meetings, Q Advisory Board meetings and Q team meetings. It is anticipated that this would be no more than ten meetings in total across the whole course of the evaluation.

Time and capacity to prepare any required documentation for meetings and for key members of the evaluation team to attend meetings should be built into your proposal.

**9.0 Deliverables**

Specific deliverables include:

|  |  |
| --- | --- |
| **Deliverable** | **Date** |
| Final evaluation protocol agreed  *To include the questions to be answered; methods and tools to be employed, including analysis, ethics and governance; ways of working with Q; communications plan.*  *The majority of this information should be included in the specification response to this ITT, however, the details will be refined and formalised at the inception meeting and the first Evaluation Steering Group meeting* | April 2023 |
| Quarterly progress reports  *A short report to include an update on progress, challenges, risks and mitigation* | Throughout the project (in advance of the Evaluation Steering Group Meeting) |
| Interim report  *To include findings and themes emerging from the first year of the evaluation. It should also include details of any changes to the evaluation protocol for the next year.* | March 2024 (structure to be agreed with Q) |
| Final report  *To include a detailed write up of methods and findings and clear summative responses to the core evaluation questions* | Summer 2025 (with a draft submitted in April 2025) |

**10.0 Communication plans**

Responses to the ITT will be required to provide detailed plans, resources and a budget for producing outputs of the evaluation. These plans will be further refined with Q’s Strategic Communications and Digital team as part of project inception. The Q Team will devote considerable resources to communication and translating learning into practice.

We expect the supplier to have their own quality assurance processes in place. In addition, the interim report and the final report will be subject to formal internal and external review through the Health Foundation’s quality assurance process before publication.

**11.0 Information governance and research ethics**

A detailed information governance plan will be put in place as part of the commissioning process and project inception stage in agreement with the supplier, guided by the Health Foundations’ DPO.

In addition to complying with legal requirements around information governance the project will adhere to high standards of research ethics. The supplier’s approach to research ethics should be included in the proposal. It is unlikely that the successful proposal would require Research Ethics Committee approval (based on the HRA decision tool at: <http://www.hra-decisiontools.org.uk/research/>). However, if necessary this will be sought. The main anticipated research ethics issues associated with this project are informed consent, anonymisation and data transfer.

## 12.0 Requirements

The appointed evaluator will be responsible for delivering all aspects of the evaluation, including developing the initial evaluation protocol, obtaining relevant authorisations and approvals where applicable (such as ethics approval, patient informed consent), data collection, analysis and reporting of findings.

The successful evaluator must ensure that they have both capacity and adequate resources in place to deliver a robust, timely evaluation that will be complex in nature.

We are looking for innovative approaches to this evaluation which draw on a range of methods, backgrounds and expertise and we welcome bids from consortia of evaluators. In such cases we would require there to be a lead evaluator who would take overall responsibility for the delivery of the contract. Bids should describe in detail how these arrangements would be managed.

## Intellectual property

In commissioning this research, the Health Foundation will own the intellectual property generated (please see the intellectual property clause in Schedule 6 of the example commissioning contract.)

## Budget

We anticipate bids up to a maximum of £250,000 (inclusive of VAT and expenses) to undertake the evaluation and to provide the deliverables outlined in section 9.0 of this ITT.

A discretionary drawdown fund of £50,000 will be made available for additional evaluation activities throughout the commission. This drawdown fund will allow the evaluation to respond to any new developments within Q between 2023-2025. Details relating to this additional work **should not** be included in the response to this ITT.

We will commission this research by issuing a contract for services and as such we expect VAT is likely to be payable on all aspects of the work. **Please consult your contracting team and/or finance team to ensure that VAT has been included appropriately before submitting your proposal and budget.**

Assessment of applications will be on value for money – alongside criteria as outlined in this ITT – rather than the lowest bid. We expect the budget to cover all aspects of the evaluation – staff time, specific deliverables, recruitment, travel and subsistence required for event and meeting attendance and reporting costs.

## Tender response requirements

Applications must include a complete specification response form and a completed budget template. Supplementary materials can be provided alongside the specification response form but these should be relatively brief and primarily to illustrate and build on points contained in the form. All applications should be completed by 17:00 on **Tuesday 7th February 2023** and sent to [q@health.org.uk](mailto:q@health.org.uk).

The tender response must include:

* + Details of your proposed approach
  + Details of the team carrying out the work – names, roles and expertise relevant to the tender
  + Costs, including a summary of the day rates and required days of those employed on the project, inclusive of VAT and expenses
  + Your approach to risk management
  + Client references, including a list of comparable organisations to which you have supplied a similar service and a brief project description for each
  + A statement of your willingness to reach a contractual agreement that is fair and reasonable to both parties
  + Any other relevant information the Health Foundation should take into account

## Selection criteria

Responses will be evaluated by the Foundation using the following criteria in no particular order:

* An understanding of the purpose of the Q community and the evaluation aims
* The quality and clarity of the proposal, products or services
* Evidence of proven success of similar projects including skills and expertise in summative evaluations and evaluations of complex, multi-stakeholder strategic initiatives
* Appropriateness of proposed methods to meet the requirements set out in the ITT.
* Demonstrable capacity to deliver evaluations on time, on budget and to the required standard, with proven ability to flex resource capabilities and adapt to changing environments where required.
* Appropriate project management, risk management and quality assurance expertise
* Financial stability and long-term viability of the organisation (Due diligence will be undertaken on all shortlisted organisations)
* Ability to work with others
* A budget which clearly outlines costs and includes VAT
* Value for money

It is important to the Foundation that the chosen provider can demonstrate that the right calibre of staff will be assigned to the project; therefore, the project leader who will be responsible for the project should be present during the panel interviews if you are selected.

## Instructions for tender responses

The Health Foundation reserves the right to adjust or change the selection criteria at its discretion. The Health Foundation also reserves the right to accept or reject any and all responses at its discretion, and to negotiate the terms of any subsequent agreement.

This Invitation to Tender is not an offer to enter into an agreement with the Health Foundation; it is a request to receive proposals from third parties interested in providing the deliverables outlined. Such proposals will be considered and treated by the Health Foundation as offers to enter into an agreement. The Health Foundation may reject all proposals, in whole or in part, and/or enter into negotiations with any other party to provide such services, whether it responds to this ITT or not.

The Health Foundation will not be responsible for any costs incurred by you in responding to this ITT and will not be under any obligation to you with regard to the subject matter of this ITT.

The Health Foundation is not obliged to disclose anything about the successful bidders, but will endeavour to provide feedback, if possible, to unsuccessful bidders.

Your bid is to remain open for a minimum of 180 days from the proposal response date.

You may, without prejudice to yourself, modify your proposal by written request, provided the request is received by the Health Foundation prior to the proposal response date. Following withdrawal of your proposal, you may submit a new proposal, provided delivery is affected prior to the established proposal response date.

## Submitting your tender and selection process

## How to apply

Please note that any proposals received which fail to meet the specified criteria contained in this ITT will not be considered for this project. The deadline to submit a tender response is **17.00** on **Tuesday 7th February 2023**. We will not accept proposals submitted after this time.

## Information webinar

We will hold an information call on **Tuesday 10th January 2023** at 15.00 via Zoom. Please register for the call [here](https://thehealthfoundation.zoom.us/meeting/register/u5AqduuppzkuGtDdIUkwobjiJ07nyp6CDdn8). We welcome any questions you may have in advance. Please email these to [matthew.hill@health.org.uk](mailto:matthew.hill@health.org.uk) by 17:00 on Monday 9th January 2023.

The information webinar will provide applicants with the opportunity to hear more about Q’s work and the aims and requirements of the evaluation. Prospective applicants are strongly encouraged to attend the webinar.

If you have any questions about the evaluation or the ITT that you would like to be answered during the webinar, please email [matthew.hill@health.org.uk](mailto:matthew.hill@health.org.uk) by 17:00 on Monday 9th January 2023. Please note that we will not be able to answer specific technical questions about individual tender responses through the webinar.

Afterwards, the webinar will be available to view, from a link on Q’s website.

## Confidentiality

By reading/responding to this document you accept that your organisation and staff will treat information as confidential and will not disclose to any third party without prior written permission being obtained from the Foundation.

Providers may be requested to complete a non-disclosure agreement.

## Conflicts of interest

The Foundation’s conflicts of interest policy describes how it will deal with any conflicts which arise as a result of the work which the charity undertakes. All external applicants intending to submit tenders to the Foundation should familiarise themselves with the contents of the conflicts of interest policy as part of the tendering process and declare any interests that are relevant to the nature of the work they are bidding for. The policy can be found and downloaded from the Foundation’s website at the following location: <https://health.org.uk/sites/default/files/2020-12/Conflicts%20of%20interest%20policy%20and%20procedure%20%20%28updated%20November%202020%29.pdf>

Appendix A: About Q

## A community of thousands

At the centre of Q is a community of thousands of people, who demonstrate expertise in structured approaches to improvement. In joining Q, they commit to sharing and collaborating with other Q members, as well as within their own organisations and networks.

Recruitment to the community is open on a rolling basis, with 10-20 people joining each week. Membership is open to people from all backgrounds. It includes people across all regions and countries of the UK and Ireland, clinicians and non-clinicians as well as those working in health care settings, policy, academia, the voluntary sector and social care.

## Core connecting platform

Q’s core connecting “platform” - consisting of Q’s website, group collaboration spaces, online directory and communications channels - is the foundation for everything Q does. It provides members, partners and others with easier, faster ways to reach improvement practitioners, as well as making the rich and varied improvement work underway across the UK more visible.

## Activities and resources

Q provides a range of flexible development, learning and networking opportunities. Our events programme attracts hundreds of members, providing safe and creative spaces to share current learning in improvement. Downloadable tools on creative problem solving and design methods are available for members, as well as access to a number of online learning resources. We support groups of members to come together around topics they are passionate about and provide funding to support these connections, as well as supporting the development of networking and inclusive facilitation skills. Q specialises in flexible, interactive opportunities that make the most of sharing between peers.

During the pandemic our events programme moved online and we anticipate that virtual delivery will continue to be an important part of supporting Q’s geographically dispersed community. During 2022 we have been developing our approach to events, aiming to test hybrid delivery for our annual event and other activities such as our visits programme. We are testing a new ‘community space’ regular event for members to learn with each other, and across our events programme considering how to give people space and support to explore some of the key challenges facing health and care.

### ‘**System change’ offer**

This year, we have introduced a new paid-for ‘system change’ membership offer, bringing together organisations involved in leading change across whole countries and systems to learn from each other. It aims to enable new insights and more effective collaboration amongst those with the power to create the conditions within which improvement can flourish.

## Q Exchange

Q Exchange is a participatory funding programme that draws on the collective intelligence of the Q community to identify projects that offer the greatest potential to benefit patients and the work that others are doing in the community. Awards of around £30-40k are available for projects that have been refined, developed and strengthened with the knowledge and expertise of the Q community. Q Exchange encourages alignment with what’s already known, emphasising collaboration as much as competition. Participants learn and support each other through a transparent process where the community has a say on which projects receive funding.

## Q’s insight work

We are building our approach to tapping into the insights of the Q community to help shine a light on learning that is practically useful to others in the community and help to influence those leading the system. Initial projects have included work with 50 people introducing video consultations, developing case studies with those working to reduce backlogs in care and a survey of improvement approaches during COVID-19.

## Q Lab Network

Q supports a network of labs across the UK and Ireland. The network currently includes Q Lab UK and Q Lab Cymru.

Q Lab UK works with Q members and others to make progress on specific complex challenges that organisations are grappling with across the health and care sector. The Lab uses creative and collaborative methods to enable individuals and organisations to develop skills to lead sustainable improvements in health and care. It works with frontline teams to undertake fast-paced research and discovery, valuing diversity of experience and expertise to draw out practical wisdom from patients and practitioners. It supports teams to surface and prototype improvement ideas, giving people space to experiment, learn and reflect in a supported environment.

## Future developments

In summer 2019 we secured in principle commitment to funding and support from the Health Foundation and our partners for a further 10 years. Our overall indicative budget between 2020 and 2030 is over £50m. We have a team of 30 staff based at the Health Foundation. This will enable Q to continue to deliver at scale, while also developing and expanding into new areas, exploring new partnerships and sources of income.

We will be growing the community and making the most of the connections between the different elements of what Q offers, to achieve greater impact across the system. We are exploring opportunities to boost the depth and scale of participation in the community and considering how to ensure our work speaks clearly to the priorities in the health sector.

## Q’s themes

Over the coming years, Q will amplify its impact on system priorities by focusing our platform, offers and resources on three themes. This will include our annual community event, Q Exchange funding rounds, Q Labs projects and the majority of our insight work. We will bring our community together in creative ways to help tackle these challenges by thinking through issues and solutions from different perspectives, trying new approaches and learning what works.

At the core of almost all of our work is our overarching theme related to how effective collaboration and improvement can engage people for sustainable recovery over the years ahead. We will then have three more focused themes to help drive our work:

* Bringing improvement and digital together for sustainable change – we have already undertaken a number of pieces of work related to this theme
* Reducing waits and addressing backlogs in a way that supports broader transformation goals
* Enabling integrated improvement across sectors – work related to this theme will commence in 2023/24

Q’s Managing Director, Penny Pereira, shared more about our thematic approach with Q members in a recent blog post here: <https://q.health.org.uk/blog-post/qs-collaborative-improvement-priorities-digital-innovation-reducing-waits-and-supporting-integration/>

Specification Response form

|  |  |
| --- | --- |
| Response to: | [Insert name of project in specification] |
| Name of applicant: |  |

**Contents:**

1. About your organisation
2. Proposal
3. Management and communications
4. Details of team members
5. Resources
6. Contract

About your organisation

* 1. Organisation details

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| --- | --- |
| Organisation Name |  |
| Type of organisation |  |
| Company or Charity Number |  |
| VAT Number (if applicable) |  |
| What was your organisation’s income in the most recent financial year? *(Not applicable for public bodies/universities)* |  |
| Address |  |
| Registered Address (if different) |  |
| Website Address |  |
| Primary contact name including position and title (to whom all correspondence will be addressed) |  |
| Phone numbers (office and mobile) |  |
| Address |  |
| Email address |  |

* 1. Organisational description

Please provide a brief description of the organisation in terms of its activities/services and the organisational governance and management structure

Proposal

* 1. Please use this section to provide an overview of your proposal

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Please give us the details of your proposed approach remembering to refer back to the Project Specification. Your proposal must include detailed plans ensuring the following issues are addressed:

* 1. How will your proposal meet the needs of the Health Foundation?
  2. Your approach and methodology
  3. Your relevant experience and expertise
  4. Capacity to deliver and value for money
  5. Any other relevant information

Management and communications

* 1. Please use this section to describe how you envisage working with the Health Foundation and the other stakeholders in this work. Additionally, please give details of how you will ensure we are kept informed of the project's progress

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* 1. Please provide a project management plan.
  2. Please consider any risks in relation to the proposal and how you will mitigate against these.

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Details of team members

* 1. Please provide details of the key members of your team who will be working on the programme of work. Please copy the table below to include additional team members.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | **Title** | **First Name** | **Last Name** |
| Relevant experience for this project |  | | |
| Roles and responsibilities on this project |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Name | **Title** | **First Name** | **Last Name** |
| Relevant experience for this project |  | | |
| Roles and responsibilities on this project |  | | |

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| Name | **Title** | **First Name** | **Last Name** |
| Relevant experience for this project |  | | |
| Roles and responsibilities on this project |  | | |

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| --- | --- | --- | --- |
| Name | **Title** | **First Name** | **Last Name** |
| Relevant experience for this project |  | | |
| Roles and responsibilities on this project |  | | |

Resources

We require full costing of your proposal. Please fill in the budget template and submit it alongside this application.

The Health Foundation wishes to maximise the return it provides to beneficiaries and obtain best value from external suppliers.

* 1. What is the total cost of your proposal? Please include VAT in your costing.

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* 1. Please provide full justification for your costs, including the time spent on the project by each member of your team and all other relevant costs.

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Supplier references

Please note that if you/your organisation has not worked with THF before we will be contacting your references if you are shortlisted for interview or if you are the only supplier.

Name, address, phone number and email address of first referee:

Name, address, phone number and email address of second referee:

Contract

* 1. Do you agree to all the terms and conditions in our Sample contract (attached alongside this document)? If not, please give details.

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Signed on behalf of the organisation:

Name:

Position:

Date: