



An independent evaluation of Q

Information call
10 January 2023

Led by



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The team

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Matt



Henry



Beth



Shaun



NHS England asks the Health Foundation to design and run an initiative emerging from the Berwick Review. 5-year initial matched funding agreed.

2014

2015

Q is co-designed by 231 founding members.

Infrastructure and activities to recruit and support Q members are introduced.

2016

The first **Q Lab UK** project starts.

2017

Q Exchange, our collaborative funding programme, starts.

2018

2019

The future Q strategy is agreed. Funding from the Health Foundation, NHS England and all country partners secured to 2025 with a vision and indicative budget to 2030. Ireland joins and all countries start to contribute financially.

2020

Q responds to COVID-19. Events move virtually and focus on enabling rapid learning and improvement. Q starts running regular insight projects.

2021

Q Lab Cymru launches.

2022

Q's Embedding Improvement in Systems face-to-face workshops begin. These are built on calls supporting national leaders through their pandemic response.

How Q creates change

What Q does

Inputs and activities

To be successful, we need to:

Attract thousands of people from across the UK and Ireland committed to improving health and care

Enable members to lead and participate: our digital platform supports community-led activity and thriving smaller networks

Inspire and engage the community and leaders through our events, participatory funding, Q lab network, actionable insights, and powerful stories of improvement

Share and amplify learning with system leaders and others that responds to changing system context and priorities

Retain a long-term focus: co-designed and co-delivered with members and partners, with guaranteed long-term funding

Complement the work of improvement initiatives elsewhere

Mechanisms of change

A large community that activates people's expertise, experience and energy: a place to participate with purpose that meets changing individual, organisational and system needs:



Our impact

Outcomes for members

Stronger relationships and collaborations

More energy and inspiration to share and apply learning

Greater confidence and sense of agency to lead change

Better skills to put things into practice

Increased knowledge of what works and how to apply it in their context

As members influence the work of their teams, organisations and networks, the positive effect is multiplied

Outcomes for the system

Increased visibility and credibility of improvement

Enhanced improvement capabilities at every level of the system

More compassionate and empowering leadership

Better spread and implementation of ideas, evidence and successful interventions

A more joined-up system where a broader range of staff, patients and care recipients contribute fully

This boosts capacity for organisations and the system to do more effective and sustainable improvement work

Better health and care for people across the UK and Ireland

Higher quality care that is safer, more effective, more caring, better led, sustainably-resourced and more equitable

To boost collaboration and improvement that's shaped and owned by those who deliver and receive care, we focus around three themes:

Bringing improvement and digital together for sustainable change

Reducing waits 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.

Who are Q's (almost) 5,000 members?

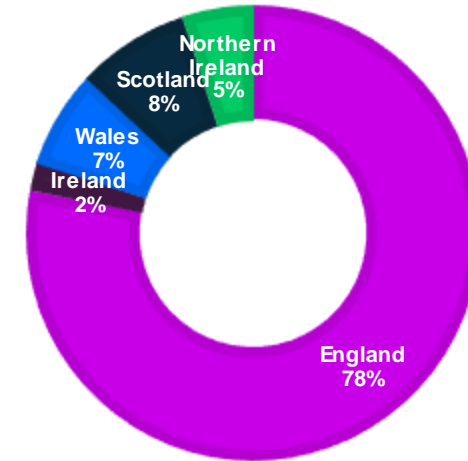
Our member data shows that Q is well established in all five countries and all regions of England.

The breakdown between those in clinical (29%) and non-clinical primary roles (71%) has remained relatively stable over time although the majority of members have a clinical background and many have roles with both clinical and non-clinical aspects.

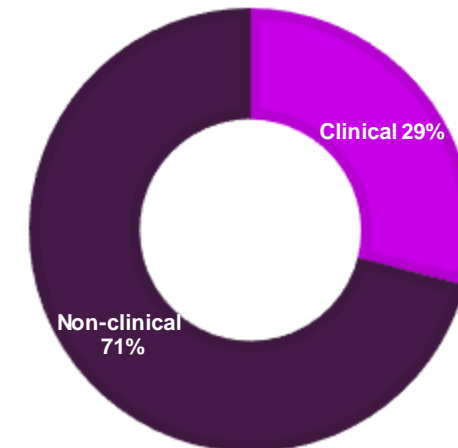
Membership is diverse across NHS Trusts, acute care providers, policy/regulation, academics, AHSNs and others.

The Q membership is predominately female (67%) compared to male (32%); White (83%) compared to BAME (14%); without a disability (92%) compared to with a disability (6%); and tends to be older with 50% of members aged 50 or over. It is broadly representative of Managers/ Senior Managers in NHS & CCGs.

COUNTRY BREAKDOWN



CLINICAL/NON-CLINICAL BREAKDOWN



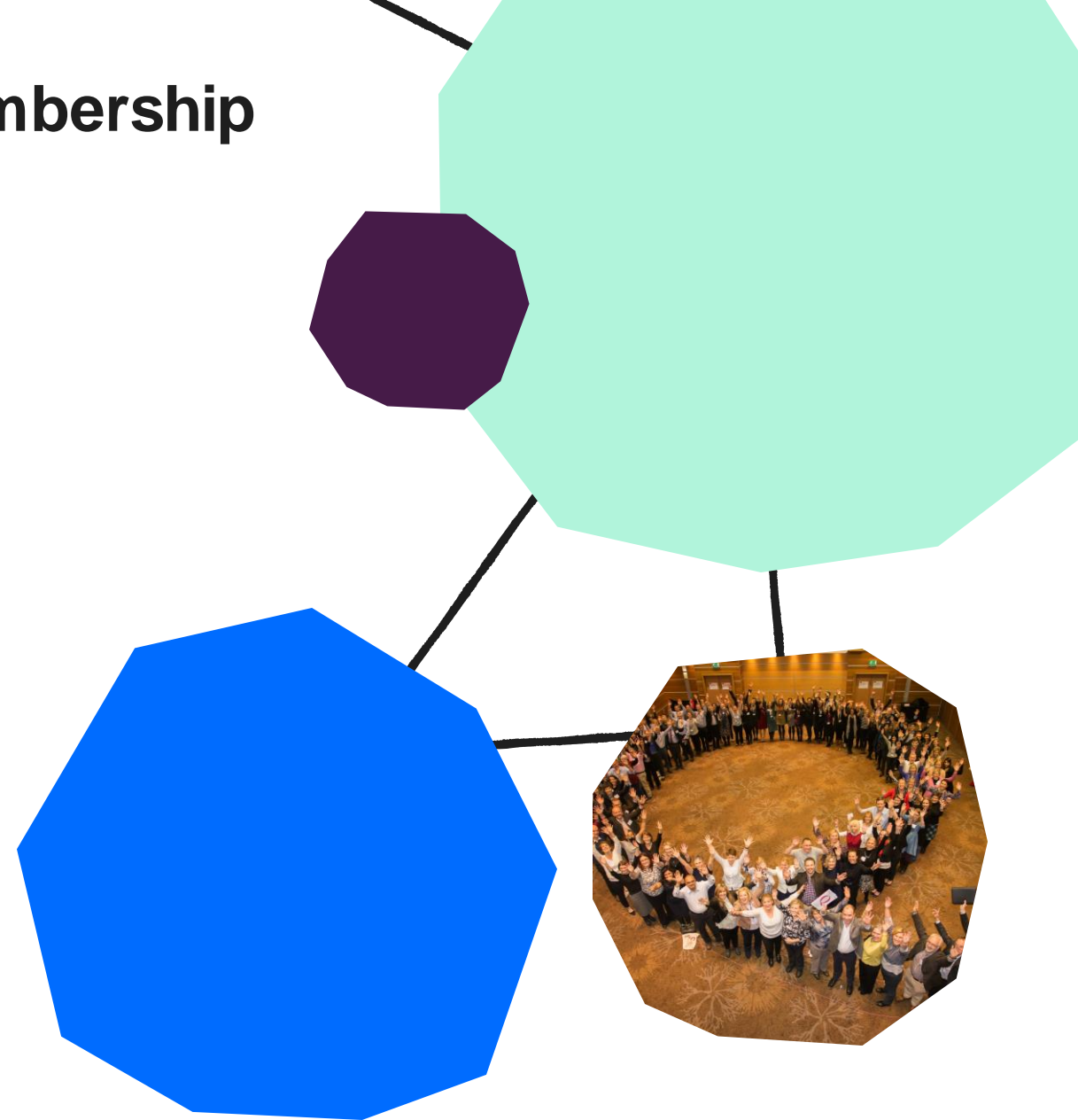
Engagement levels – across the membership

Like any community, engagement levels in Q vary considerably across the membership. We have good data on engagement levels for our centrally delivered offers. Data is more patchy and incomplete for some member-led activity (e.g. making informal connections or attending local or regional events).

A small proportion of members engage substantially in multiple ways with a smaller proportion taking on leadership roles in the community.

The majority of members engage in an irregular and often quite light-touch way with some members not engaging in any centrally delivered offers.

The latest member survey data shows 42% of respondents spent one day or less on Q overall in the last year.



More about Q's work

- **Recruitment** - membership is open to people from all backgrounds but there is an application process where applicants need to demonstrate some improvement expertise and experience.
- **Core connecting platform** - Q's website, special interest group collaboration spaces, online directory and communications channels.
- **Activities and resources** - a wide range of offers including RCTs, Events (annual community event, workshops, learning series, community space), Q Visits. Mainly online but some face to face and hybrid. Tools and resources for improvers.
- **'Embedding improvement in systems' offer** - bringing together Improvement leaders from across the UK and Ireland to connect on and discuss improvement and change at a national and regional system level. Through a series of applied, pragmatic, learning events, members can connect with peers to work through shared challenges and discuss Improvement at the system level.
- **Q funding offers** - including Q Exchange, our participatory funding offer that draws on the collective intelligence of the Q community to identify high potential projects (£30-40k) and supporting Q Connections, funding to support continued collaborative working through activities that strengthen networks, and share and apply learning.
- **Q's insight work** - applying a range of systematic methods to drawing on the insights across the Q community and bringing them to bear on key topics within health and care so far including outpatient transformation, video consultation implementation and tackling the backlogs in care.
- **Q Lab Network** - this currently includes Q Lab UK and Q Lab Cymru. Q supports a network of labs that bring together people and organisations to make progress on complex challenges facing health and care in the UK and Ireland.

For the coming years our focus is on...

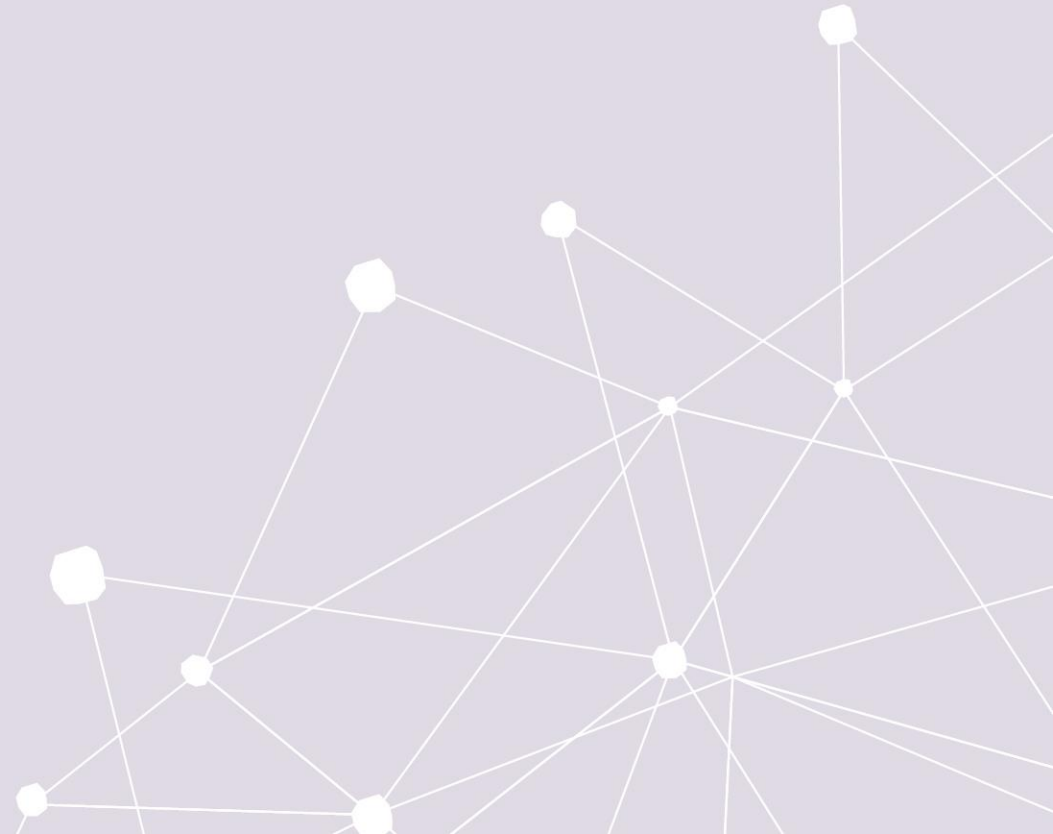
How collaborative improvement can engage people for sustainable recovery

Bringing improvement and digital together for sustainable change

Reducing waits in a way that supports broader transformation goals

Enabling integrated improvement across sectors

The independent evaluation of Q



Q's evaluation to date

Q is an evidence-led initiative that emerged from the Berwick review (2013) and drew on Health Foundation research into effective networks for improvement (2014, 2015).

Q has 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](#).

We also have an in-house evaluation and insight team that manages our data, project-level evaluation and smaller, bespoke evaluation contracts.

Methods of data collection have included:

- Application form
 - Attendance data
 - Project reports
 - Pre and post-engagement surveys
 - Annual member survey (now biennial)
 - Member case studies
 - Q Exchange case studies
 - System mapping
 - Social Network Analysis
 - Focus Group Discussions
 - Learning logs
 - Regional Deep Dives
 - Non-participant observations
 - Unsuccessful applicants
 - Member rapporteurs
- Semi-structured interviews
 - Stakeholder interviews
 - Member ethnographies
 - Cost data
 - Value for Money (scoping)

Evaluation aims

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.

Overarching evaluation questions:

1. What is Q's impact?
2. How is Q achieving impact?
3. How can Q increase its impact?

Challenges in evaluating Q

- 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.
- Members can 'use' what they get from Q in multiple ways: there are **few specific pre-determined outcomes** and impacts.
- As a diffuse network a lot of what members do as a result is **not visible** to Q.
- Q works **upstream**. The ultimate impact, for example on patients, is often a long way from our work.
- Q primarily **achieves impact through collaborations** and contributions, alongside others.

The expected focus of the evaluation

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

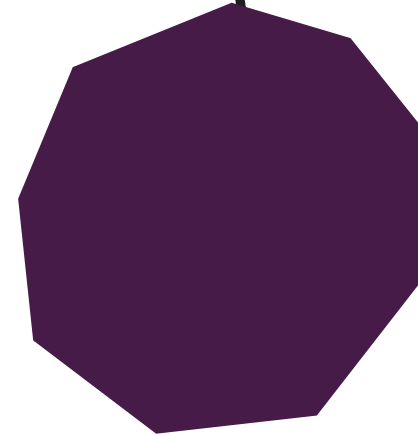
- The evaluation should be **primarily summative** with a focus on making clear evaluative judgements on the extent of impact resulting from Q's work.
- It will provide some evidence of a **higher standard** than previous evaluations (including attempting to capture some evidence at Level 3 of Nesta's standards of evidence). 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.

Anticipated methodology

- 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. Within quantitative methods, some part of the evaluation will likely include quasi-experimental methods utilising comparison groups to explore 'dosage effects'. 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-Criteria Decision Analysis would offer this.

Ways of working

- **Inception meeting** - to refine the approach, discuss outputs and agree ways of working.
- **Q's Evaluation and insight function (E&I)** - the contract will be directly managed by the Head of Insight, Evaluation and Research. Our E&I function lead on a range of evaluation activity including analysing member and engagement data, evaluating specific offers and developing our approach to impact management.
- **Evaluation Steering Group** - independently chaired and with a diverse group of relevant experts.
- **Ongoing links** with Q's leadership team, Advisory Board and the Q Team.



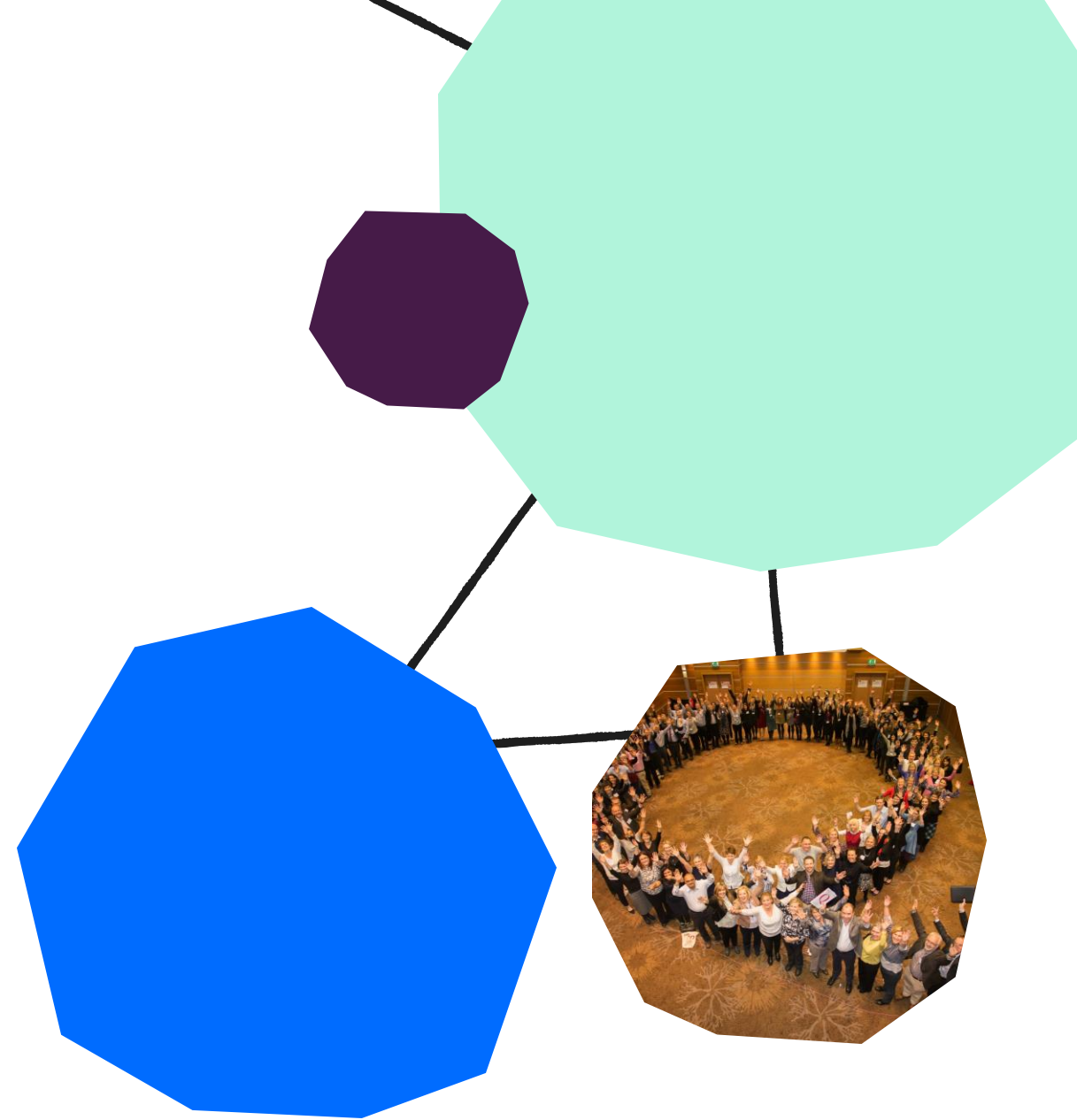
Deliverables

Deliverable	Date
<p>Final evaluation protocol agreed</p> <p>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.</p> <p>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.</p>	April 2023
<p>Quarterly progress reports</p> <p>A short report to include an update on progress, challenges, risks and mitigation</p>	Throughout the project (in advance of the Evaluation Steering Group Meeting)
<p>Interim report</p> <p>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.</p>	March 2024 (structure to be agreed with Q)
<p>Final report</p> <p>To include a detailed write up of methods and findings and clear summative responses to the core evaluation questions</p>	Summer 2025 (with a draft submitted in April 2025)

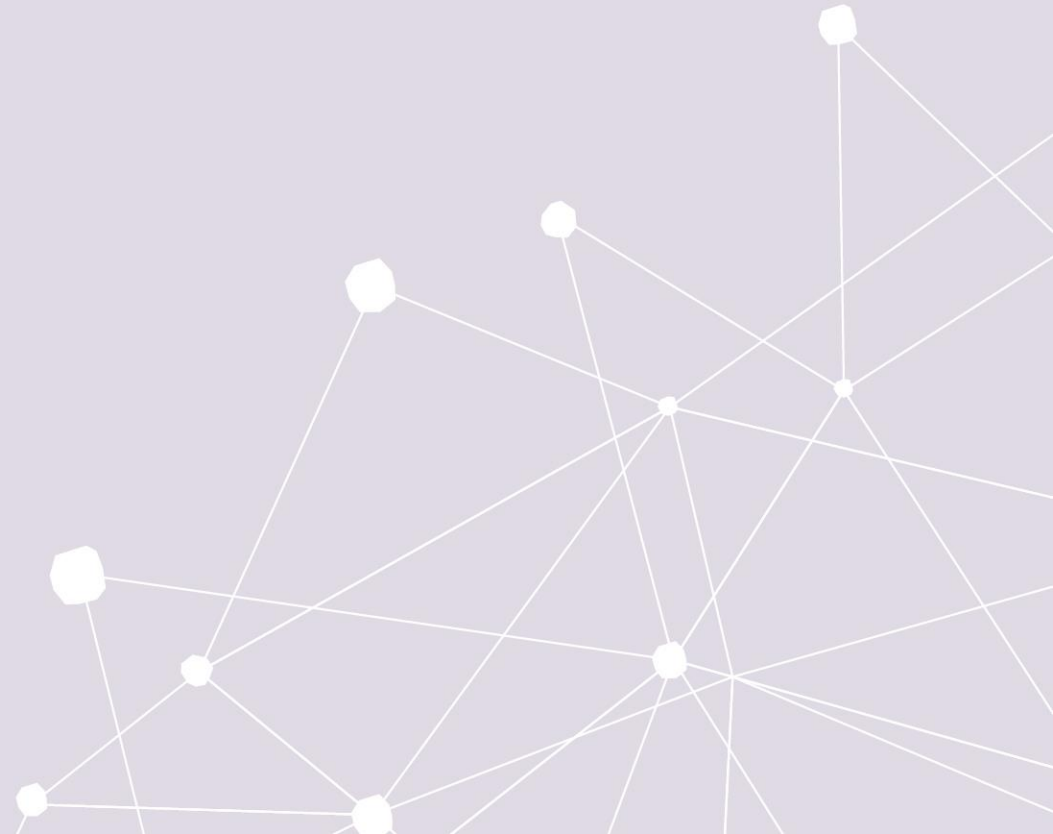
The budget

Up to a maximum of £250,000 (inclusive of VAT and expenses) to undertake the evaluation. 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.

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.



Q and A



Next steps

- Share the recording, slides and Q & A document
- You can submit questions throughout
- All applications to be completed by 17.00 on Tuesday 7th February. These need to directly respond to all aspects of the ITT (as set out in section 12.0)
- Interviews on 20th February