Realising Q's contribution to improving health and care

Impact and learning report

August 2023

Foreword

Our health and care systems are facing unprecedented pressures. Learning, partnership and improvement are vital ingredients to help build a sustainable future. This report shows how the Q team and a community of thousands have been helping that happen across the UK and Ireland.

The Q community rallied throughout the COVID-19 pandemic, innovating and collaborating. Now 5,000 members strong, our network is here to support members' resilience in adapting to ongoing demands, tackling system priorities and stepping up to new opportunities, such as the recently launched NHS Impact approach in England.

Our mission for the recovery period targets top delivery challenges for health and care across the five nations. Our focus is on collaborative change among the individuals who can make this happen. Our approach is shaped by members and partners – helping to make it effective and sustainable.

We're linking with those with capability to deliver well-designed change to the operational and strategic challenges facing the health sector. We've been focusing on bringing together improvement and digital expertise to accelerate the potential of technology. We're supporting services to tackle waits in ways that support wider transformation goals. And we're boosting the improvement and collaboration capabilities needed so that local integrated care structures can deliver better health and care in practice.

There's a lot in this report to feel heartened and excited about, whether you're a member of the community or one of our partners and supporters. This report also shows our potential and our need to go further in the future.

Looking ahead, we will be increasing our focus on supporting people at senior levels across health and care organisations and the system to build their understanding of improvement. An important example are our new partnerships with NHS Providers and NHS Confederation.

These will boost our potential for organisation and system-wide impact. They will also complement what we enable our members to do – both individually and as groups, in our shared endeavour to build a health service that meets future needs and stands the test of time.
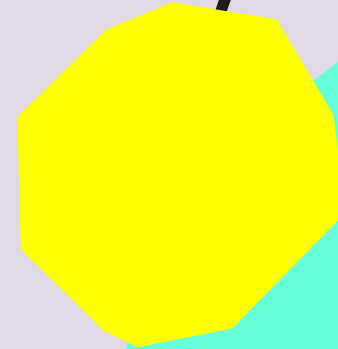

Penny Pereira,
Managing Director, Q
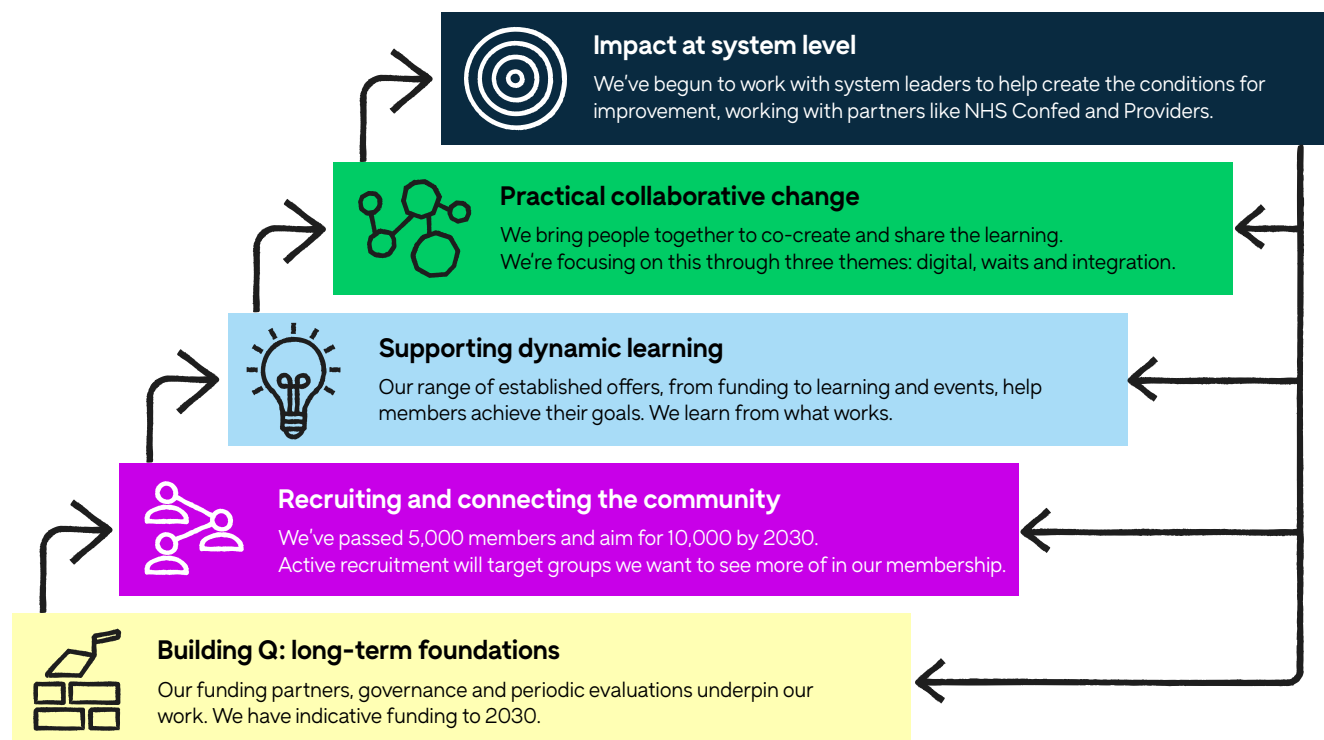
Contents

Introduction

1

The challenges currently facing health and care are multiple and intense, including chronic workforce pressures, long waiting lists and high levels of unmet need.[1] Addressing these challenges is an urgent priority across the UK and Ireland and will require considerable change and adaptation – from service innovation to wider goals, such as reducing health inequalities and system integration.

What is Q?

Q is a community of people who have come together to address these challenges, both urgent and longer term. Thousands of people across the UK and Ireland aim to make faster progress to change health and care for the better. Through collaboration, sharing knowledge and supporting each other to tackle challenges.

Q was established in 2015 in response to a recommendation in the Berwick review into patient safety.[2] We are led by the Health Foundation and supported by five partners across the UK and Ireland. Figure 1 shows how we have developed from our early foundations to be more focused on achieving system impact.

Figure 1: Building Q – from early foundations to system-level impact

Impact at system level
We've begun to work with system leaders to help create the conditions for improvement, working with partners like NHS Confed and Providers.

Practical collaborative change
We bring people together to co-create and share the learning.
We're focusing on this through three themes: digital, waits and integration.

Supporting dynamic learning
Our range of established offers, from funding to learning and events, help members achieve their goals. We learn from what works.

Recruiting and connecting the community
We've passed 5,000 members and aim for 10,000 by 2030.
Active recruitment will target groups we want to see more of in our membership.

Building Q: long-term foundations
Our funding partners, governance and periodic evaluations underpin our work. We have indicative funding to 2030.

Evidence and learning at our heart

Q is evidence-led. From the outset, we have drawn on the Health Foundation's research into effective networks for improvement.[3] Since then, Q has commissioned several independent evaluations – most significantly, a four-year evaluation of the development phase of Q.[4]

This was carried out by RAND Europe and drew on data including nearly 200 interviews and 13 member surveys. It concluded that we offer members a means to share, learn and gain confidence and support practical knowledge mobilisation on the ground. It also framed Q as an as-yet 'underutilised' asset within the system and called on us to increase our impact at scale.

About this report

This impact and learning report aims to summarise and showcase our impact, evaluation and key learning since RAND's work in 2020. It draws on a wide range of sources, including externally commissioned evaluation of our offers, membership and engagement data, our 2021 member survey, our 2020 insight survey, in-depth interviews, member case studies, project case studies, and the Health Foundation's perceptions audit.

The report explores our outcomes for health and care, and for our members, including the profile of membership and how it has grown over time and the levels and nature of engagement within the community. Throughout the report you will find case studies and member stories that explore our impact and learning in more detail. Finally, it summarises our progress over recent years and our priorities up to 2025.

Member story

Clare Cable, CEO of the Queen's Nursing Institute Scotland

When Clare joined Q, she found 'people with huge expertise in a whole range of approaches to managing change and activism, in a range of guises.'

With 25 years' health care quality improvement experience, Clare is CEO of a charitable organisation supporting community nurses and midwives.

She was particularly interested in our Network Weaving learning series, which supports members to develop their network leadership skills. She felt it would help her in a key aim: to create a social movement of community-based nurses and midwives who are addressing health inequalities. 'It struck me that network weaving was the very thing I needed,' she says.

Clare would have done this work anyway but feels the programme enabled her to do it better. 'I certainly feel much more skilled, capable, empowered... I am much better prepared,'

she says. 'I feel I have a huge amount more knowledge, skill and the kinds of resources and support networks I need.' She is now looking for the funding to deliver her ideas.

For Clare, Q is unique because it provides a 'safe space' for people working across sectors, and across the five countries of the UK and Ireland. It's the people she's met who have inspired her the most in her work.

She says:

> "I've met some extraordinary, inspirational people – and I'm inspired by their energy and their vision. Also, just those small tips where you say, "That's genius!"

Member outcomes*

- Stronger relationships and collaborations
- More energy and inspiration to share and apply learning
- Greater confidence and agency to lead change
- Better skills to put things into practice
- Increased knowledge of what works and how to apply it in context

*objectives from the Q theory of change (see)

QNIS — THE QUEEN'S NURSING INSTITUTE SCOTLAND

How we aim to enable change

2
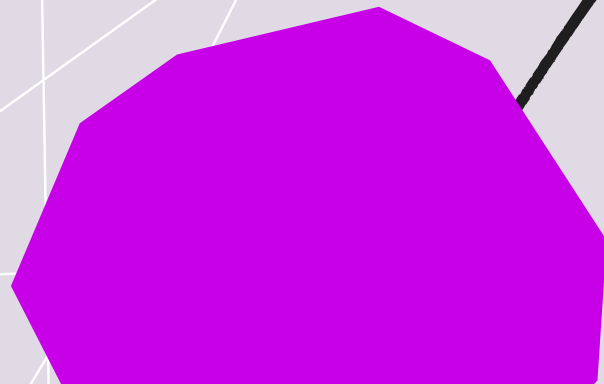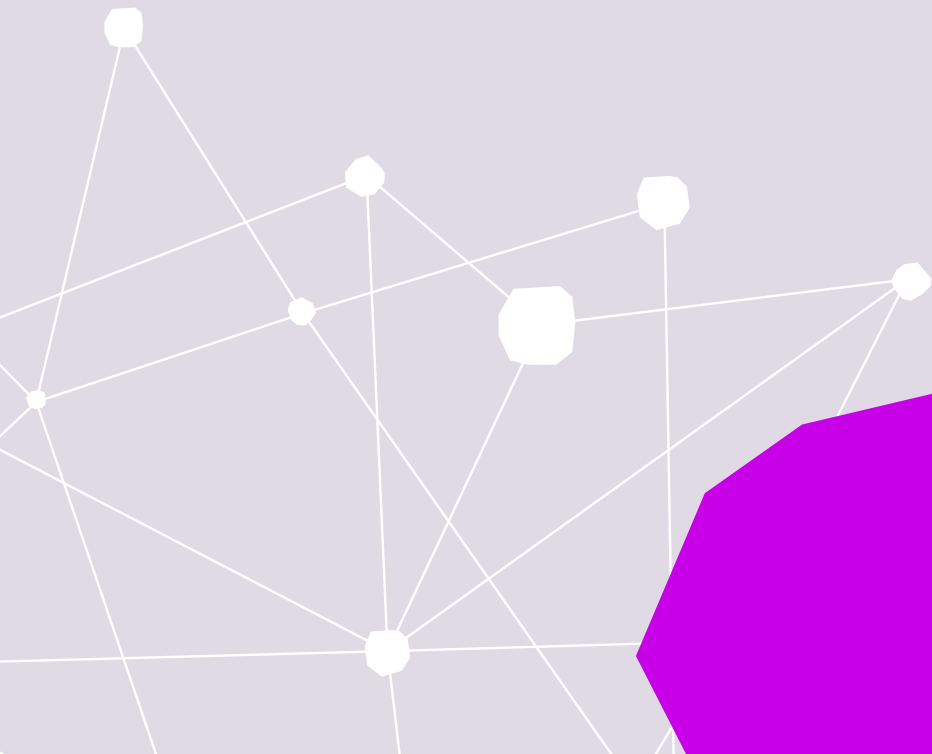
Q has a broad set of central offers (See the box on the right). These activities are supported by a digital platform that enables member-led activities, including special interest groups, all underpinned by multichannel communications and a recognised brand.

We refreshed our theory of change in 2022, drawing on evaluation evidence and input from our members and partners (see Figure 2). This renewed theory of change is the framework on which our approach is based. It sets out the outputs and impacts we seek to achieve and how we believe our work contributes to them. The remaining sections of this report explore these outcomes and impacts in more detail.

What Q offers: examples of high-quality activities and resources:

- opportunities to connect with others, both in person and virtually

- events, workshops, Visits and access to a range of learning resources

- convening people responsible for change across large systems, in supportive peer-learning spaces

- innovative, participatory funding programmes, such as Q Exchange, which support members to develop improvement projects together – usually focused on a core system priority

- a Lab network that tackles complex health and care challenges

- projects that generate and share actionable insights from across and beyond the Q community.

How we create change

What the Q community 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 other improvement initiatives.

Mechanisms of change

Our large community activates people's expertise, experience and energy. It is a place to participate with purpose that meets changing individual, organisational and system needs through these five interconnected mechanisms:
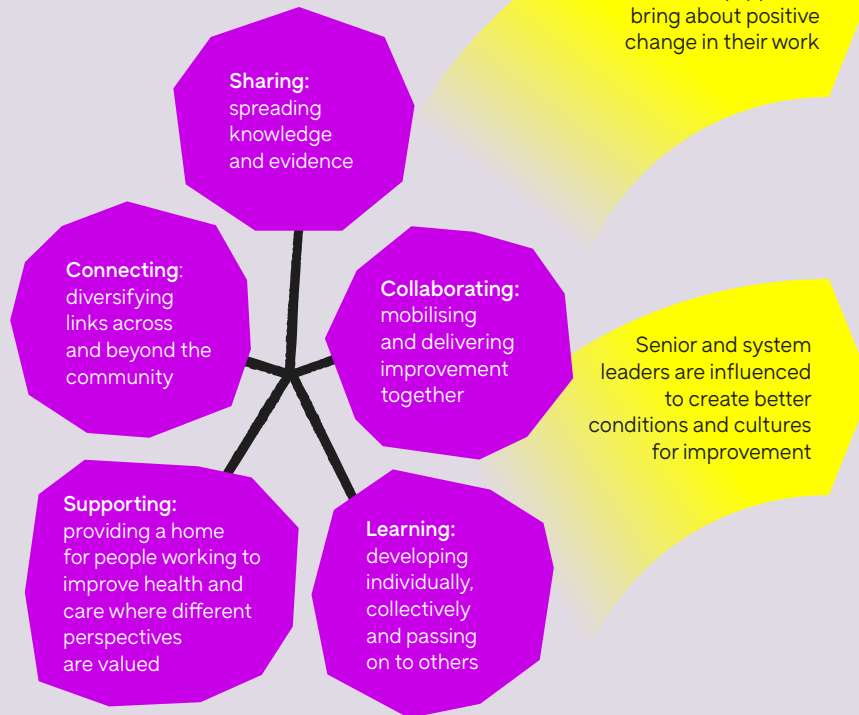
Sharing: spreading knowledge and evidence

Connecting: diversifying links across and beyond the community

Collaborating: mobilising and delivering improvement together

Supporting: providing a home for people working to improve health and care where different perspectives are valued

Learning: developing individually, collectively and passing on to others

Thousands of members are better equipped to bring about positive change in their work

Senior and system leaders are influenced to create better conditions and cultures for improvement

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 context

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

Outcomes for the health and care 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

Ultimate impact

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

Collaboration and improvement that's shaped and owned by those who deliver and receive care, focusing on:

Bringing improvement and digital together for sustainable change

Reducing waits in a way that supports broader transformation goals

Enabling integrated improvement across sectors

Spotlight
Q Lab

Libby Keck, Head of Design and Collaboration, Q

Our Q Lab projects bring people together to develop, test and implement solutions to issues that cut across health and care.

The Lab gives people the tools and expertise to tackle complex, shared challenges. We help people to understand and explore diverse perspectives.

By working together on system priorities, the Lab creates sustainable system-wide change. We draw on techniques from social innovation and systems thinking to build people's confidence to work with complexity and to design solutions to intractable issues.

So far, Q Lab projects have focused on scaling effective peer support (Q Lab 1, 2017), mental health and persistent back and neck pain (Lab 2, with Mind, 2018) and increasing trust in technology-enabled remote monitoring (Lab 3, with NHSX, 2021).

Q Labs have engaged 441 participants, including many patient representatives. Since Q Lab 2, the programme has funded nine test teams to develop their ideas in practice.

Evidence shows that the strongest impact has been in supporting participants to:

- develop their skills for collaborative change
- build capacity and understanding in effective collaboration
- confidently influence change in complex systems.

By taking the time up front to diagnose the problem and build collaborations and partnerships, test teams have been better placed to implement their ideas.

So far, evidence of significant adoption of ideas emerging from the Lab is more limited. We want future Labs to focus more on consolidating such impact at scale. We'll do this by working directly with the system owners of the problems that Labs are aiming to address. We will also focus our evaluation on implementing ideas developed through the Lab, to understand more about how these can reach impact at scale.
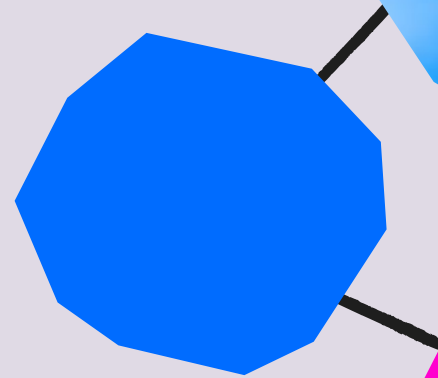
For more information visit:
q.health.org.uk/q-improvement-lab

> "It has changed my mindset. I've been rewired to think more critically."
>
> Lab participant
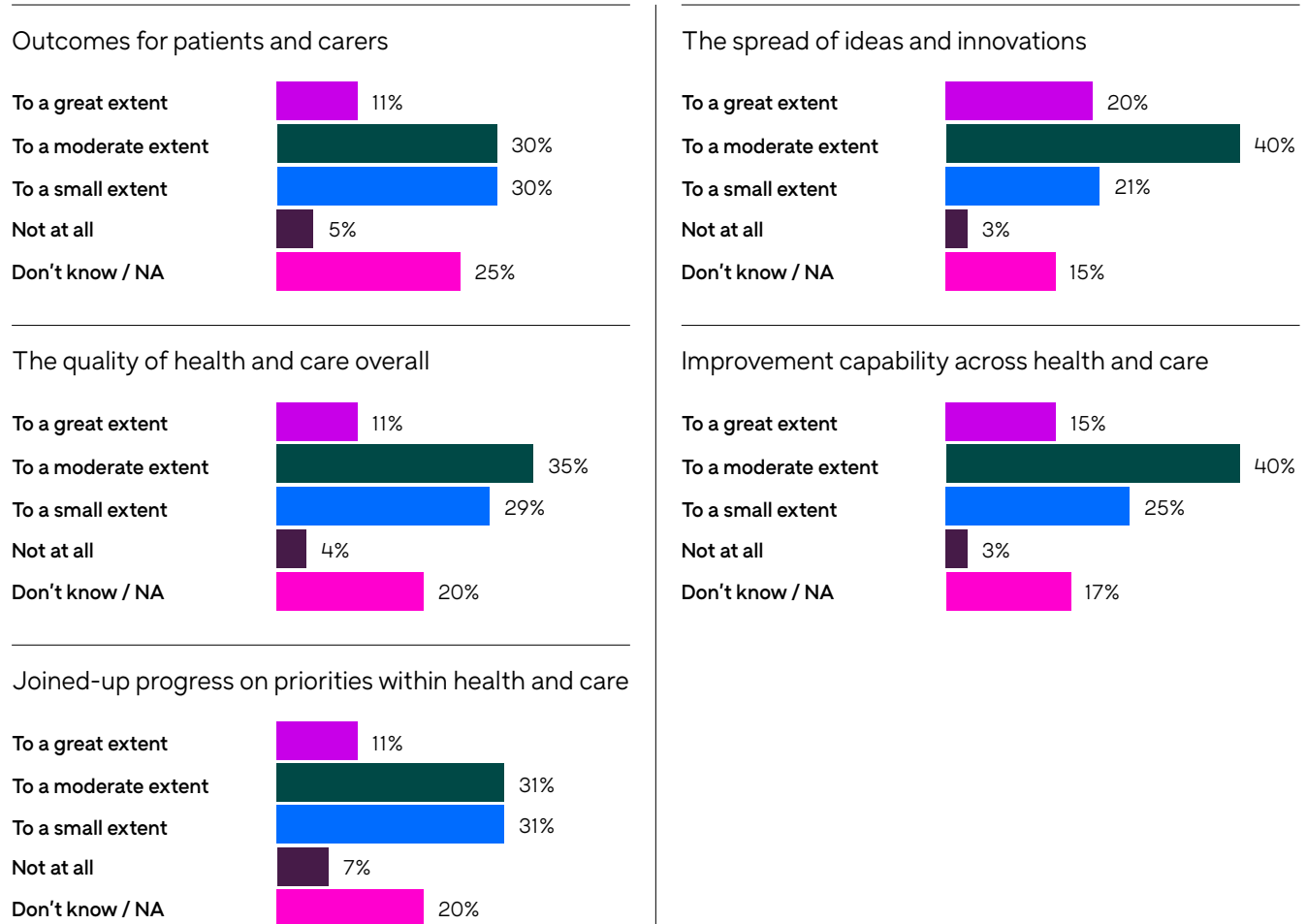
What Q has achieved

3

As a growing and well-established community across the UK and Ireland, Q offers a diverse suite of consistently highly rated and useful participation opportunities. These lead to a range of benefits for members.

This report highlights examples of how these benefits have translated into improved practice, at different levels. However, to date, evidence of our impact on quality of care at the large scale we aspire to is more limited. This acts as a continued call to action to realise and sustain impact at scale and for us to make a clearer contribution to core system priorities.

Outcomes for health and care

Most evidence of our outcomes at this level comes from member and stakeholder perceptions. The 'spotlights' in this publication offer more detail in specific areas: video consultations (), influencing the conditions for improvement systems (), our Q Lab network () and our Q Exchange funding programme ().

Figure 3: Member perceptions of Q's impact on the health and care system

Outcomes for patients and carers

To a great extent	11%
To a moderate extent	30%
To a small extent	30%
Not at all	5%
Don't know / NA	25%

The quality of health and care overall

To a great extent	11%
To a moderate extent	35%
To a small extent	29%
Not at all	4%
Don't know / NA	20%

Joined-up progress on priorities within health and care

To a great extent	11%
To a moderate extent	31%
To a small extent	31%
Not at all	7%
Don't know / NA	20%

The spread of ideas and innovations

To a great extent	20%
To a moderate extent	40%
To a small extent	21%
Not at all	3%
Don't know / NA	15%

Improvement capability across health and care

To a great extent	15%
To a moderate extent	40%
To a small extent	25%
Not at all	3%
Don't know / NA	17%

(source: 2021 Member survey) n = 255

As Figure 3 shows, member perceptions of our impact on the system are generally positive. Almost half of respondents (46%) to the 2021 member survey[5] said we were making a positive impact on the quality of health and care overall. In addition, more than half (52%) thought that we were increasing the visibility, credibility and profile of improvement at national level, to a great or moderate extent.[6]

Among wider stakeholders, perceptions of our impact at this level appear more mixed. The Health Foundation's perceptions audit in 2022[7] found that 'the Q community is seen as valuable in the specific area of thought leadership on improvement.' However, some voiced opinions that the Health Foundation could do more to leverage Q's potential. This included a need to translate Q's improvement leadership role into more 'tangible change' (as one NHS national and local leader put it) and impact on practice.

Since 2020, we have placed greater focus on working directly with senior and system leaders to create better conditions and cultures within which improvement can take place (as shown in the theory of change, p 10). We pursue this through ongoing stakeholder engagement work and a range of insight projects. Our work with system leaders has seen sustained focus through our Embedding Improvement in Systems work (see p 31). We have also influenced national policy agendas more directly.

A good example is the recent launch of NHS IMPACT (Improving Patient Care Together) – England's new single, shared NHS improvement approach. We played a significant role in informing the review that led to this initiative, including convening a strategic roundtable of Q members in July 2022, holding discussions with those leading the review at our Q community event, and setting out five principles for making the most of this opportunity.

"Q were trusted partners for us as we engaged with more than 1,200 leaders across the health and care system, both as credible convenors of sessions to stress-test our emerging findings and as improvement experts and practitioners who shaped our approach. Q offers a line of continuity to years of work to embed and sustain continuous improvement across the NHS."

Kathryn Perera, Programme Director, NHS Delivery and Continuous Improvement Review (May 2022–February 2023)

Outcomes for our members

Members gain positive value from Q across a wide range of networking and learning benefits. We hear this message consistently across our evaluations (see Figures 4 and 5).

These benefits range from collaborative learning with peers, and gaining insights relevant to members' work, to softer, but important, gains around improved motivation and a sense of the ability to create change.

Q membership also provides members with opportunities to develop skills, both in quality improvement tools, methods and approaches and in working with others.

Two successful examples of building skills in collaborative change include the Network Weaving learning series (see Clare's story on p 7) and the ongoing communities of practice leadership programme. Beyond training, we have also produced a range of resources to support work in this area, including a 'skills for collaborative change' tool.

Figure 4: Networking and connecting

I have a sense of belonging within the Q community

To a great extent	22%
To a moderate extent	27%
To a small extent	35%
Not at all	16%

I have felt supported by the Q community when I needed it

To a great extent	21%
To a moderate extent	26%
To a small extent	30%
Not at all	23%

I have benefited from quality time/space to reflect with peers

To a great extent	19%
To a moderate extent	23%
To a small extent	28%
Not at all	30%

I have learned collaboratively with peers

To a great extent	19%
To a moderate extent	26%
To a small extent	28%
Not at all	27%

I have been able to share stories/insights from my work with others in Q

To a great extent	16%
To a moderate extent	21%
To a small extent	26%
Not at all	37%

I have developed useful new connections within or outside Q

To a great extent	14%
To a moderate extent	25%
To a small extent	33%
Not at all	27%

(source: 2021 Member survey) n = 255 – 263

"For me, the most useful thing is hearing stories from others about how they have successfully used improvement science in novel ways to deliver tangible improvements."
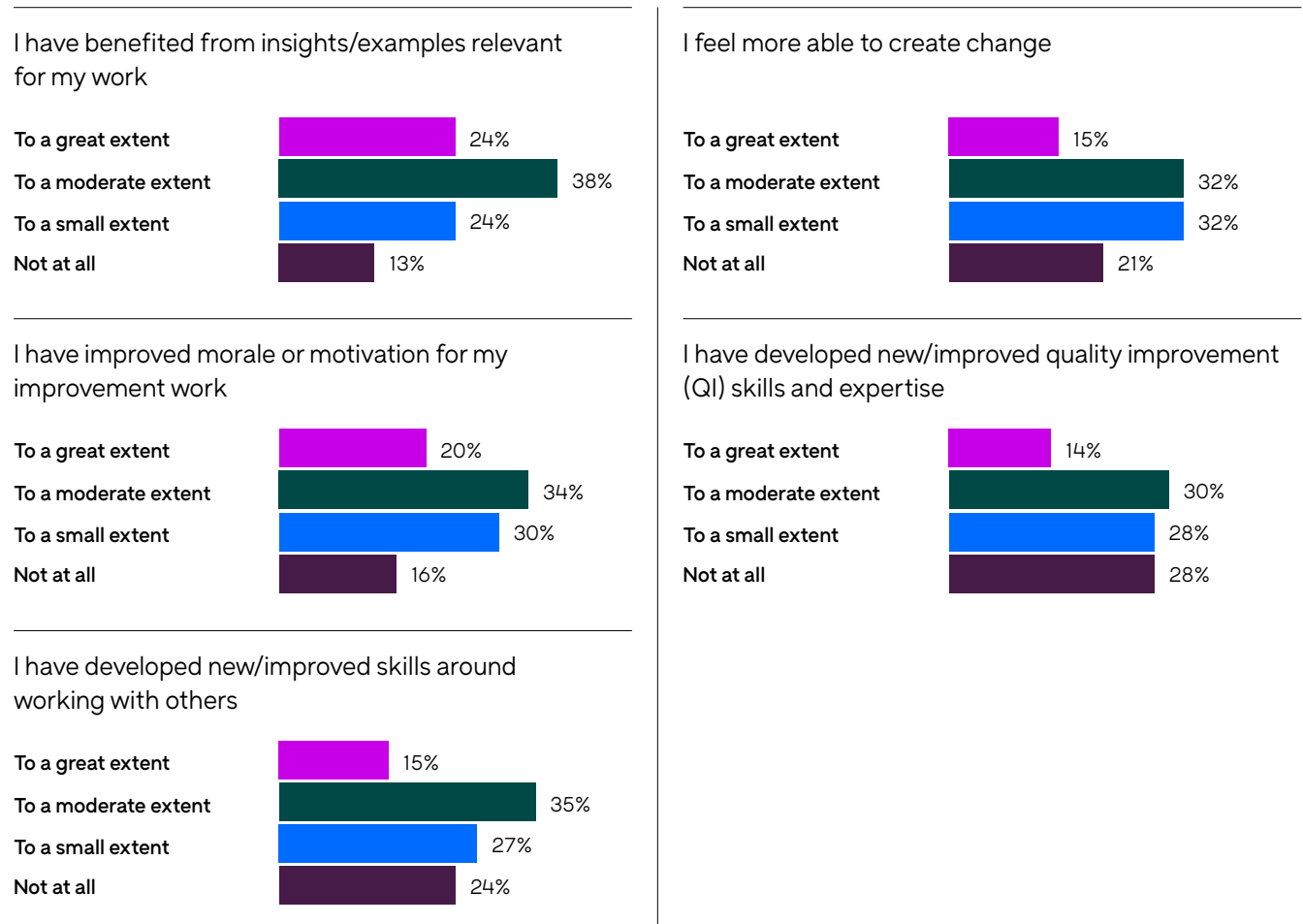
Q member

However, as shown in figures 4 and 5, it is important to note that some members do not experience these core benefits, including developing useful connections.[8]

We know that difficulties connecting with the right people can act as a barrier to members obtaining what they want from Q. We also know that members who have a clear purpose for joining Q and are intentional about how they engage are more likely to achieve positive outcomes.[9]

In the 2021 member survey,[10] two-fifths (39%) said the benefits of membership had enabled them to undertake more effective and sustainable improvement, to a great or moderate extent.

This increased to three-fifths (58%) for those who had received funding from us. Although this funding will only ever be available to a minority of members, this shows the importance of

Figure 5: Individual learning and development

I have benefited from insights/examples relevant for my work

To a great extent	24%
To a moderate extent	38%
To a small extent	24%
Not at all	13%

I have improved morale or motivation for my improvement work

To a great extent	20%
To a moderate extent	34%
To a small extent	30%
Not at all	16%

I have developed new/improved skills around working with others

To a great extent	15%
To a moderate extent	35%
To a small extent	27%
Not at all	24%

I feel more able to create change

To a great extent	15%
To a moderate extent	32%
To a small extent	32%
Not at all	21%

I have developed new/improved quality improvement (QI) skills and expertise

|	
To a great extent	14%
To a moderate extent	30%
To a small extent	28%
Not at all	28%

(source: 2021 Member survey) n = 257 – 262

providing members with the resources to apply the benefits of membership directly in their work.

One of the wider, and less transactional, benefits we offer is to provide a supportive home for those working to improve health and care who are sometimes isolated within their setting. Another is the less hierarchical and higher-quality nature of engagement. Members say this gives respite from day-to-day challenges and can act as a source of renewal.[11,12]
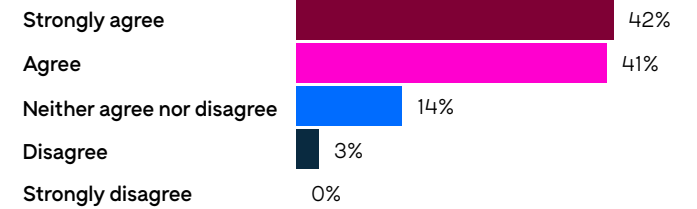
Evaluations of Q often cite members' wide range of perspectives and backgrounds as a key strength and our inclusive culture is generally highly valued (see Figure 6). Although 7% of members disagree or strongly disagree with the statement 'the Q community is non-hierarchical and equitable'.
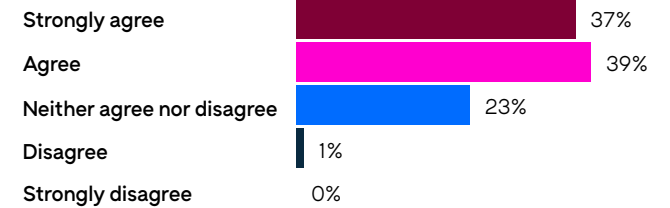
39%
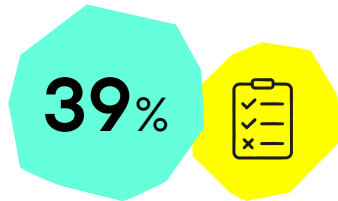
In the 2021 member survey, two-fifths (39%) said the benefits of membership had enabled them to undertake more effective and sustainable improvement, to a great or moderate extent.
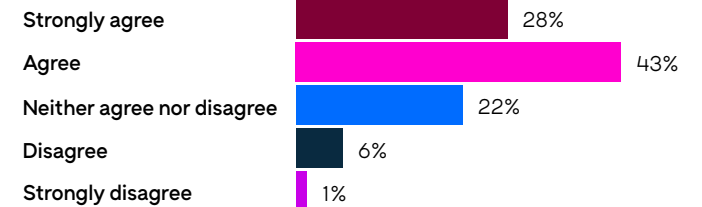
Figure 6: Member experience of Q

The Q community is welcoming and inclusive

Strongly agree	42%
Agree	41%
Neither agree nor disagree	14%
Disagree	3%
Strongly disagree	0%

Diversity and difference of opinion is valued in Q

Strongly agree	37%
Agree	39%
Neither agree nor disagree	23%
Disagree	1%
Strongly disagree	0%

The Q community is non-hierarchical and equitable

Strongly agree	28%
Agree	43%
Neither agree nor disagree	22%
Disagree	6%
Strongly disagree	1%

(source: 2021 Member survey) n = 273 – 276

Realising Q's contribution to improving health and care

Our partnerships

As our theory of change shows, we aim to work closely with a range of partners and to complement the work of other improvement initiatives. Perhaps most importantly, we continue to work closely with our country partners: NHS England, Healthcare Improvement Scotland, Improvement Cymru, The Public Health Agency Northern Ireland and Health Services Executive Ireland. They continue to offer invaluable funding, support and a connection to national priorities.

In recent years, we have also collaborated with partners on a range of more specific programmes of work, including National Voices, Improvement Cymru on Q Lab Cymru and NHS England's Transformation Directorate on Q Exchange. The considerable learning from these partnerships was consolidated into a guide outlining principles and best practice.

"This partnership feels like a really open and true partnership. I feel both parties are being very honest with each other and hence have open conversations, and people won't get offended as they understand where you are coming from. It feels like people are open to challenge and to be challenged; it is much more mutual."

Breid O'Brien, Former Director of Innovation and Digital Health, NHS England

Spotlight
Q Exchange

Tarnia Mason, Community and Collaborative Change Manager

Q Exchange is our flagship funding programme. It aims to activate the knowledge of improvement experts across the UK. We create links between the people leading the improvement work and the people who can help champion, support and adopt their ideas.

Our funding programme boosts ideas most likely to generate value for the health and care system – with each round usually focused on a core system priority. Improvement project ideas are developed collaboratively by our members and then refined through further input across the community. Assessors create a shortlist and then members vote on the projects to fund.

£3.5m

Since 2018, we have distributed more than £3.5m to 105 projects.

Key benefits of Q Exchange[13,14]

- It successfully attracts bids from those less likely to apply for other forms of funding.

- It adds value to successful projects by providing evaluation support and action learning opportunities. This has helped winning project teams consolidate their learning and build collaborative skills.

- Members who volunteer as assessors learn, too, by taking part in the assessment process.

What we've learnt

Evaluations found that some Q Exchange projects have had tangible impacts on health and care delivery, as well as patient outcomes.[15] But we want to gather more evidence about the wider impact and find out whether the idea-generation stage improves the projects and their ultimate impact – and if so, how.

The level of collaboration and engagement between members at the idea-generation stage is relatively low. We want to achieve greater, more consistent impact in the future, by supporting projects to set up for continued delivery. We're planning to do this by helping members share learning and offering additional resources for scalable work.

In 2022, to further this aim, we provided five projects from Q Exchange 2 (2019) with follow-on funding, spanning support for parent carers, community paediatrics for Roma and Slovak families in Sheffield, redesigning an outpatients department supporting patients to self-manage conditions, and establishing a Community of Practice on human factors and improvement.

> "Being a part of [a] Q Exchange project has improved my improvement network and the skills to navigate it. We will also be piloting this programme in my new organisation, so we'll be spreading the learning."
>
> Q Exchange participant
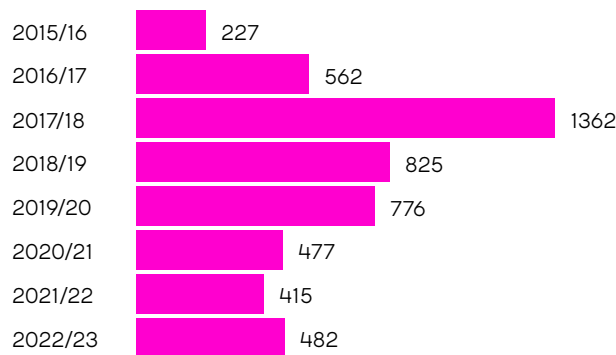
About the community
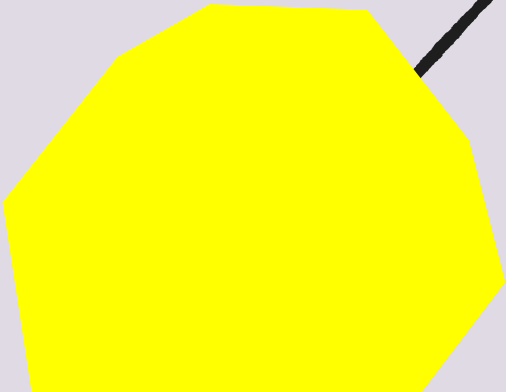
4

Since 2015, we have grown substantially. By January 2023, our network had more than 5,000 members. The number and trajectory of membership is important because growth is a key metric to measure the strength of any community.

We saw rapid growth in our early years, followed by lower growth rates since 2020, likely due to pressures in the system and less focus on recruitment. There is little evidence that we have reached saturation point and no clear relationship between member rates and member growth rates across different categories, such as geographical area, organisation type or role type.

The data and analysis in this section is taken from our member data (primarily captured at application stage, where we collect data on members' professional and equalities characteristics) and our engagement data (primarily captured through collecting attendance and participation data from our centrally delivered offers). This data is stored in Salesforce. It is based on analysis as of 1 April 2023.
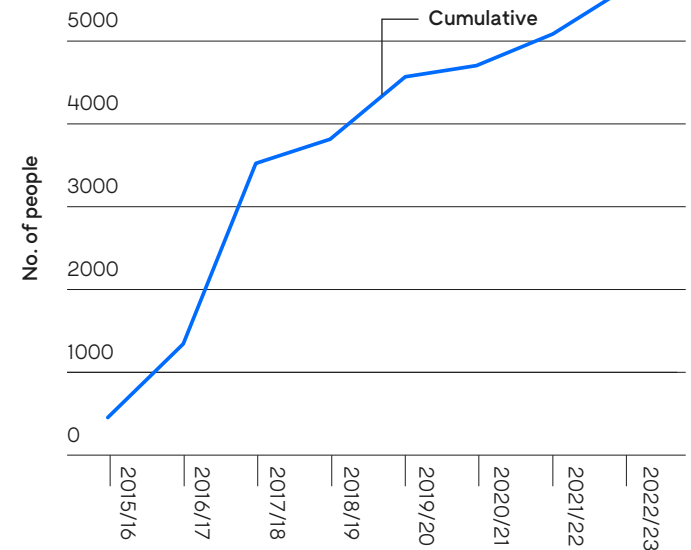
Figure 7: New members and growth in membership over time

New members per year

Year	New members
2015/16	227
2016/17	562
2017/18	1362
2018/19	825
2019/20	776
2020/21	477
2021/22	415
2022/23	482

(Source: Q recruitment data)

Growth in membership over time

(Source: Q recruitment data)

Based on the current growth rate in 2022/23, we expect 10,000 members to have joined us by March 2030. It is rare for our members to formally resign from the community, but members do retire, change roles or disengage with the community for various personal and professional reasons. We will be exploring issues of attrition more directly in the coming years.

Who our members are

We are well established across all five countries of the UK and Ireland and across all 42 of England's newly established integrated care systems (ICSs). As a proportion of the local population, Q membership is highest in ICS areas covering the South-West and South-East and lowest in parts of the East of England and the West Midlands. Q launched in Ireland in 2020.

Figure 8: Q membership by ICS area in England

● North East and Yorkshire	Members
Humber and North Yorkshire	83
North East and North Cumbria	270
South Yorkshire	81
West Yorkshire	311

● North west	Members
Cheshire and Merseyside	128
Greater Manchester	163
Lancashire and South Cumbria	84

● East of England	Members
Bedfordshire, Luton and Milton Keynes	22
Cambridgeshire and Peterborough	70
Hertfordshire and West Essex	35
Mid and South Essex	23
Norfolk and Waveney	43
Suffolk and North East Essex	23

● Midlands	Members
Birmingham and Solihull	76
Black Country	27
Coventry and Warwickshire	28
Derby and Derbyshire	34
Herefordshire and Worcestershire	21
Leicester, Leicestershire and Rutland	40
Lincolnshire	21
Northamptonshire	31
Nottingham and Nottinghamshire	103
Shropshire, Telford and Wrekin	16
Strafford and Stoke-on-Trent	47

● South West	Members
Bath and North East Somerset, Swindon and Wiltshire	78
Bristol, North Somerset and South Gloucestershire	158
Cornwall and The Isles of Scilly	34
Devon	127
Dorset	50
Gloucestershire	67
Somerset	52

● South East	Members
Buckinghamshire, Oxfordshire and Berkshire West	132
Frimley Hampshire and	20
Isle of Wight	167
Kent and Medway	109
Surrey Heartlands	49
Sussex	94

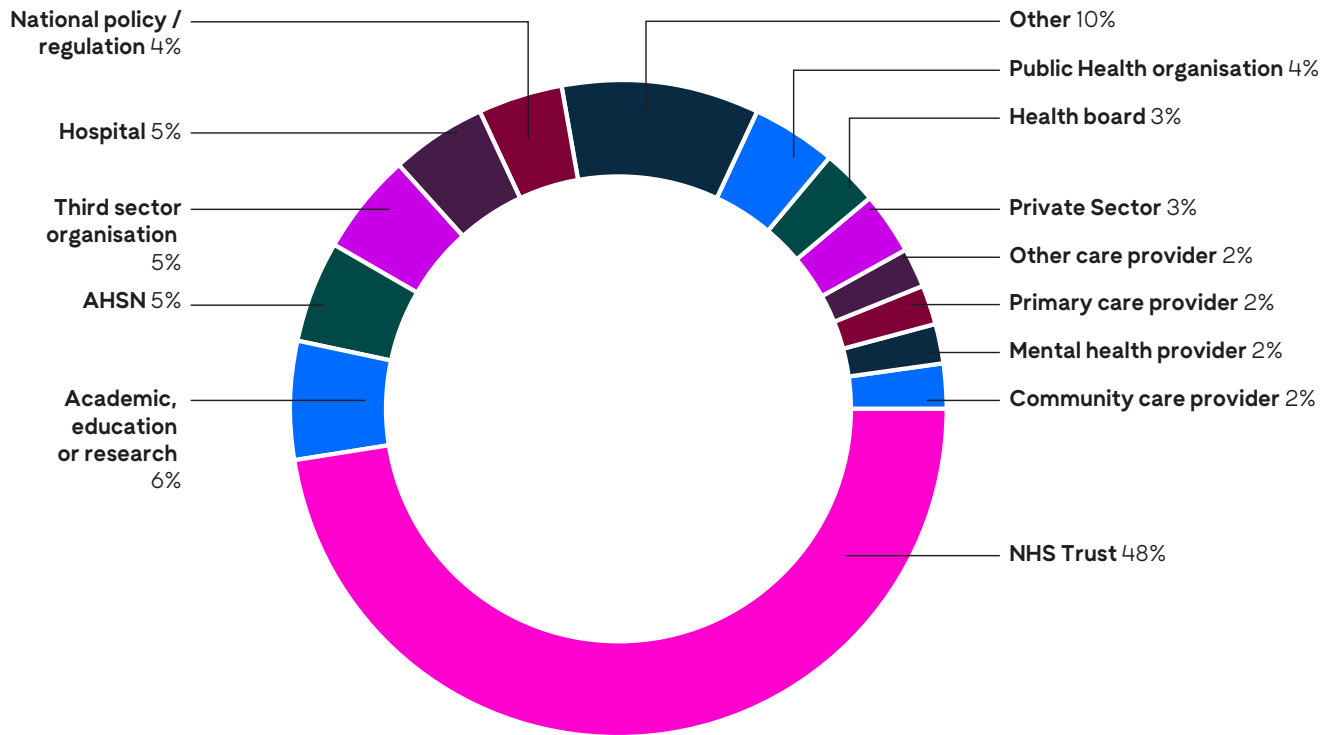| ● London	Members
North Central London	241
North East London	160
North West London	192
South East London	197
South West London	61

Based on analysis as of 1 April 2023

We bring together a wide range of professional roles (see figure 13), from many organisation types (see Figure 9), including NHS trusts, acute care providers, academic institutions and academic health science networks (soon to change to health information networks).

Membership rates remain low among social care organisations, although almost a third (30%) of members describe their role as encompassing both health and social care (see Figure 10). Although we have some active patient representatives, this group forms a small minority of the overall community.

The breakdown between those in clinical (29%) and non-clinical primary roles (71%) has remained relatively stable over time (Figure 11). Nearly half (45%) of Q members have a clinical professional background, even if they are not currently in clinical roles (see Figure 12).

A significant proportion of Q members are in senior roles (Figure 14), with 25% categorised as 'upper senior' (such as chief executive officers or directors) and a further 25% as 'mid senior' (heads or leads of an area of work).

Figure 9: Members by organisation

National policy / regulation 4%
Hospital 5%
Third sector organisation 5%
AHSN 5%
Academic, education or research 6%

Other 10%
Public Health organisation 4%
Health board 3%
Private Sector 3%
Other care provider 2%
Primary care provider 2%
Mental health provider 2%
Community care provider 2%

NHS Trust 48%

(Source: Q member data)

Figure 10: Members by sector

Other 4%

Social care only 1%

Both health and social care 30%

Health care only 65%
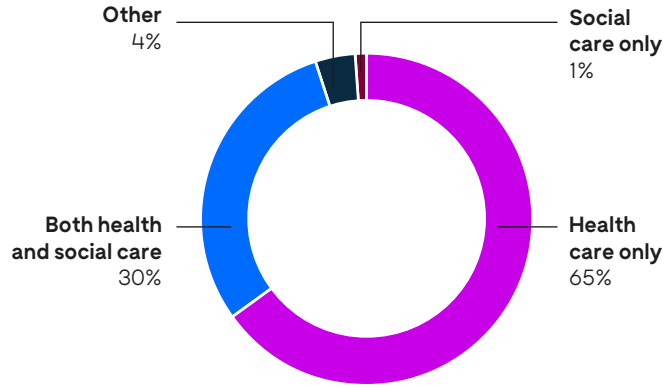
(Source: 2021 Member survey) n = 329

Figure 11: Members by role: Clinical vs non-clinical

Clinical 29%

Non clinical 71%
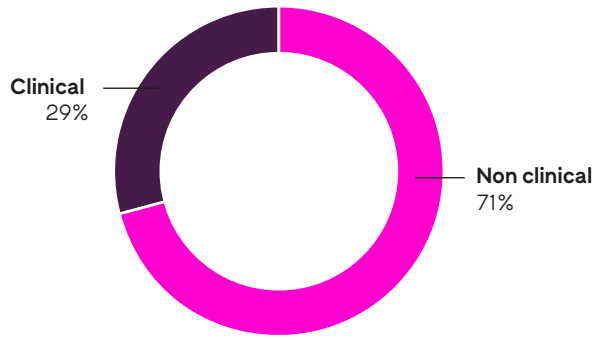
(Source: Q member data)

Figure 12: Members by role background

Clinical 45%

Non clinical 55%
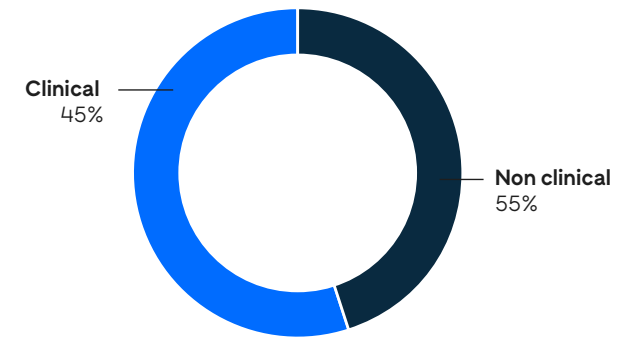
(Source: Q member data)

Figure 13: Members by role type

Pharmacist 2%

Patient and public involvement and engagement 2%

Other 15%

Nurse 6%

Management 24%

Academia / research analysis / policy 9%

Administration 3%

Allied health 3%

Doctor 16%

Improvement science 22%
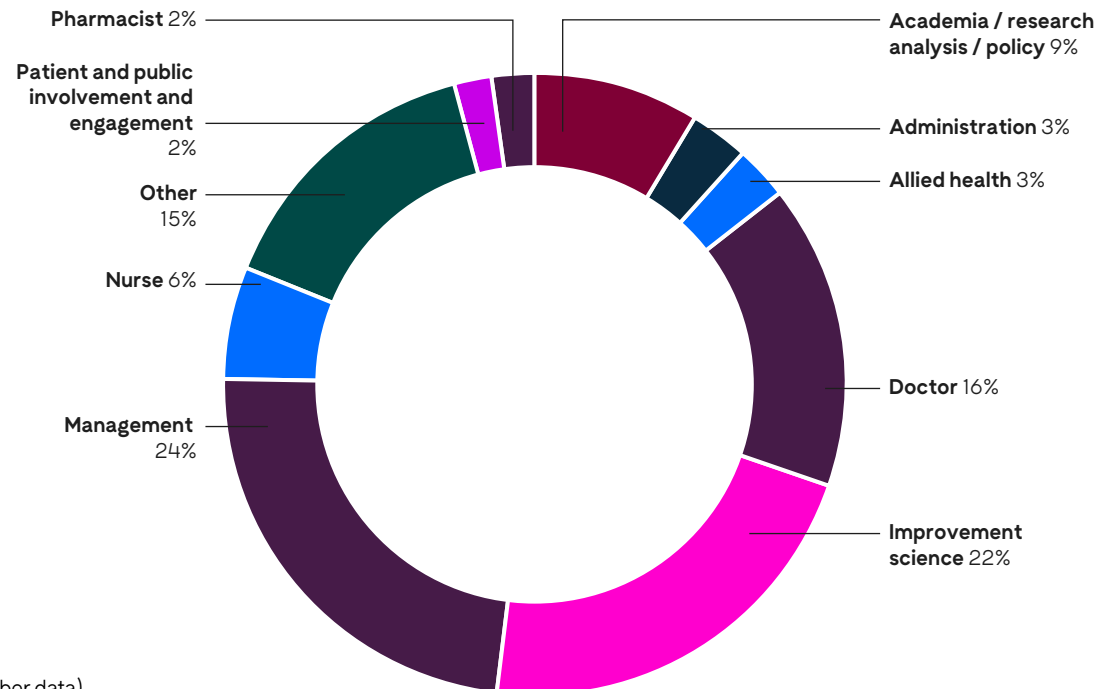
(Source: Q member data)

Figure 14: Members by seniority (estimated)

Other 7%

Mid managerial 43%

Upper senior 25%

Mid senior 25%
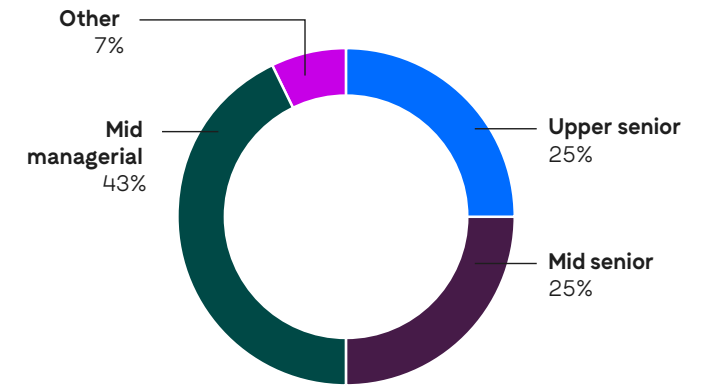
(Source: Q member data)

In terms of protected characteristics, member data shows that many of the biases within more senior levels of the health and social care workforce are also seen within our membership. This includes underrepresentation of female members (despite their making up a majority of membership) and members from minority ethnic groups, compared to the health and care workforce overall.[16]

Equity, diversity and inclusion is a strategic priority for us over the coming years. We are committed to ensuring that the make-up of our community reflects the health and care system and to better understand how our community is experienced by different individuals, groups and communities (see section 5).

How our members engage with us

We offer a flexible suite of activities and resources for members to engage in different ways. These include:

- **Light-touch offers** such as online resources, ongoing communications and randomised coffee trials.

- **More substantial one-off offers** such as Visits, community events and workshops.

- **Ongoing engagement** through Q Labs, Q-funded projects, learning programmes, insight projects or special interest groups.

These offers change each year in response to the changing context and needs of our members, organisations and systems. Overall engagement in our offers has fluctuated considerably over the past three years. Our analysis indicates that this has been driven partly by the different stages of the pandemic (see figure 15).

Figure 15: Engagement over the last three years

2020/21

High levels of engagement during the initial crisis period, with members reporting a thirst and energy for connecting and learning at speed to support their improvement work in response to the pandemic. see the Learning from COVID-19 spotlight

2021/22

A large fall in engagement levels, perhaps due partly to fatigue and intense work pressure, as well as some of our flagship offers being paused (including the Q community event and Q Visits).

2022/23

Engagement back to earlier levels, with core offers reintroduced and new offers developed.

The growth in the past year is welcome, although as the number of members has grown, this still represents a fall in per-member engagement.

Analysis of our engagement data, which is mainly based on participation in our centrally delivered offers, shows that members engage in a range of modes and to varying extents.

There are a small number of members who lead engagement activities in Q (for example: special interest groups, Q Exchange teams or have acted as Connectors). There are then a slightly larger group – although still a small minority – who are highly engaged across a wide range of different offers. The majority of remaining members engage infrequently in our offers. A significant minority do not engage with our centrally delivered offers at all.

Member story

Lisa Mewton, Quality Improvement Lead, Royal Cornwall Trust

Lisa joined Q in 2019 and quickly found the tools, resources and networks she needed in her new role. She had left her role as a nurse to work in a trust transformation team, which then became a quality improvement (QI) team. The trust had a vision for an 'embedded improvement culture'. Lisa says, 'We recognised early on that we needed to reach out to wider experienced communities and partners to enhance our learning.'

The most valuable thing to Lisa was connecting and sharing with others in the community – for example, through randomised coffee trials, informal conversations and a communities of practice workshop. Connecting with colleagues outside her organisation who understand the language of QI and are going through similar experiences has been a great source of support. She says, 'Being able to reach out... gave me a sort of internal confidence and it was nice to know that there was somewhere I could delve into and ask a question if needed.'

This was especially the case during the uncertainty of the COVID-19 pandemic: 'Talking to people in the same realms of work was really reassuring. One, because you reinforce that improvement is the right thing to do, but also you have the opportunity to empathise with the challenge of embedding improvement mindsets and a quality culture in a difficult environment.'

Today, Lisa feels she is contributing and gaining from the Q community in equal measure. With more time in her role, Lisa would love to delve deeper into Q's offers.

Lisa's Q membership has also had a significant ripple effect across the trust. Her team is working to create an improvement culture through a multi-layered approach. This includes investment in more than 140 'quality ambassadors' across the trust, who have received training, coaching and support to deliver improvements in their localised areas.

Many of these ambassadors, as well as other colleagues, are now Q members too. Lisa says they use Q 'as an additional resource and as a way of remaining confident in delivering QI'.

She adds:

> "Like most things, if you don't use it, you lose it."

Member outcomes*

- Stronger relationships and collaborations
- More energy and inspiration to share and apply learning
- Greater confidence and agency to lead change
- Better skills to put things into practice
- Increased knowledge of what works and how to apply it in context

*objectives from the Q theory of change (see p 10)

Spotlight
Implementing video consultations

Matthew Hill, Head of Insight, Evaluation and Research, Q

The rapid implementation of video consultations was one of the most interesting and successful innovations during the early stages of the COVID-19 pandemic.

We undertook a range of work that supported this innovation and contributed to its sustainability in the longer term. By focusing some of our work on a particular service innovation, we aimed to achieve greater cumulative impact. Our work included:

- **Funding the co-production of** NHS Near me across the Scottish Highlands, in 2018 (through Q Exchange). This contributed to the service's ability to be massively scaled during the pandemic, with use to date far exceeding 1 million video consultations

- **Delivering two expert workshops for Q members** within weeks of the pandemic starting. These mobilised the existing knowledge and experience from across the community, drawing on the work of the Health Foundation and other partners over the previous decade. Professor Trish Greenhalgh delivered Video consultations: how to set them up well, fast?. Dr Shanti Vijayaraghavan, Professor Alka Ahuja and Clare Morrison delivered Video consultations: maximising the benefits.

- **Attracting new participants** with hundreds of people (members and non-members alike) joining our video consultations special interest group.

- **Gathering and sharing learning** In 2020, we ran a three-month insight project with 50 people who were leading the implementation of video consultations across the UK in response to the COVID-19 pandemic. They shared learning through fortnightly learning logs and collaborative workshops. Meanwhile, our insight team distilled key learning. This was shared through fortnightly blogs and an interactive infographic proposing six recommendations for future progress. Our insights were shared widely and influenced work in this area by NHSX, NHS Confed Reset and National Voices. The work led to research by the University of Oxford (funded by the Health Foundation) and informed the partnership between NHS England and Q's digital theme.

> "I've been able to put key things in place in a very short space of time, (all of) which were off the table before."
>
> Insight project participant

Spotlight
Learning from COVID-19

Stacey Lally, Deputy Director, Q

The onset of the COVID-19 pandemic from March 2020 placed unprecedented pressure on the health and care system. To support improvement to play its full role in the response, we rapidly developed new initiatives, drawing on our existing infrastructure. This included:

- **Rapid learning for improvement workshops** to help services capture and learn from the innovation and improvement taking place during COVID-19. With 932 attendees joining across the six sessions (including one all-Ireland event), participants rated them as a very good (56%) or good (40%) use of their time.

- **Expanded funding programmes**, including 30 member-led Q Exchange projects and nine Supporting Local Learning projects seeking to embed positive changes emerging through new collaborations during COVID-19.

- **Insight exploring the role of improvement during COVID-19.** The findings were shared widely, including through academic outputs and with The International Forum on Quality and Safety in Health care 2022, Healthcare Excellence Canada and the National Association for Healthcare Quality, which replicated our study in the United States.

Overall, half (50%) of Q members said that Q been very or moderately useful during the pandemic.[17]

What we learnt

- We need to embed improvement in core ongoing work in ways that are relevant and accessible to those on the front line.

- As well as supporting people working to improve health and care, we must galvanise their efforts around shared system priorities.

- There is huge potential for our offers to reach a larger and wide range of people working to improve health and care through online collaborative tools.

What our members said:

"It's been great and sustained me through a very dark period in our world."

"I took away practical tools and methodologies to be able to apply to future change, quality improvement and uncertainty. I took away plenty of reassurance from the shared experiences."

Spotlight
Embedding Improvement in Systems

Anindita Ghosh, Innovation and Development Lead, Q

"It has moved us forward. It has given us new thinking. It's giving us documents and pitches, and approaches to make cases for things."

Embedding Improvement in Systems series participant

In 2022/23, we brought together improvement leaders from across the five nations to explore how to embed improvement across national systems.

We provided a mix of content and stimulus to guide conversation and create space for collaboration and learning between countries, to help leaders better understand and enable the conditions for improvement to flourish.

Our work together included developing a clearer case for improvement and strategies to influence stakeholders across the systems in which they work, bridging the gap that often exists between performance and improvement. We are developing a system-wide improvement framework describing what is needed for coherent improvement at a large system level.

The evaluation of our first year[18] found that participants had a rich, positive experience underpinned by skilled facilitation, relevant and engaging content, and co-design.

Many participants have seen immediate benefits, including enhanced connections, peer support, validation, new ideas and skills. They particularly appreciated the opportunity to share and learn with other leaders across the five nations.

In 2023, we are continuing to work with system leaders at a national level and sharing and connecting this to new offers at a local level. This is helping us to provide leadership together, and with our partners, to create better conditions and cultures for improvement across the health and care system.

Member story

Professor Krysia Dziedzic, Knowledge Mobilisation Research Professor and Director of an Impact Accelerator Unit at Keele University

Krysia's work takes knowledge gained through research into real-world practice.

On joining Q, Krysia says, 'It was as much about the enjoyment of being there, and experiencing it, as it was about knowing that we were learning and being immersed in the culture of this space.'

Krysia joined with two colleagues with a desire to learn, network with like-minded people and, ultimately, to take their work forwards. Joining enabled her to connect (or reconnect) with people across her region, while learning from the cutting edge of what was happening nationally.

But Krysia also saw Q as a route to funding. She and her colleagues found a sweet spot when their idea to support patients with both back pain and mental health married up with the Q Lab UK topic.

Although the initial funding was limited, Krysia considered it worth investing time and effort as she felt it could lead to more funding for the BeeFree project she was working on. Her idea was realised when the project was later taken on by the NHS and rolled out to another region.

Being part of Q Lab UK offered Krysia and her team opportunities to be 'creative beyond what is possible with academic research'. It has benefited the team – growing their confidence and skillset – but also patients, who are now getting a more holistic and integrated treatment plan.

Krysia says this project would not have happened in the same way without Q: 'We had the ingredients but what the Q Lab has done is wrap itself around the team and give it support, challenge and the opportunity to reflect.'

She says:

> "We came out with this innovation. They've obviously loved the creative journey; they've loved the co-production. We've personally and professionally got a great deal out of it. It's been one of those projects that has been most enjoyable to work on."
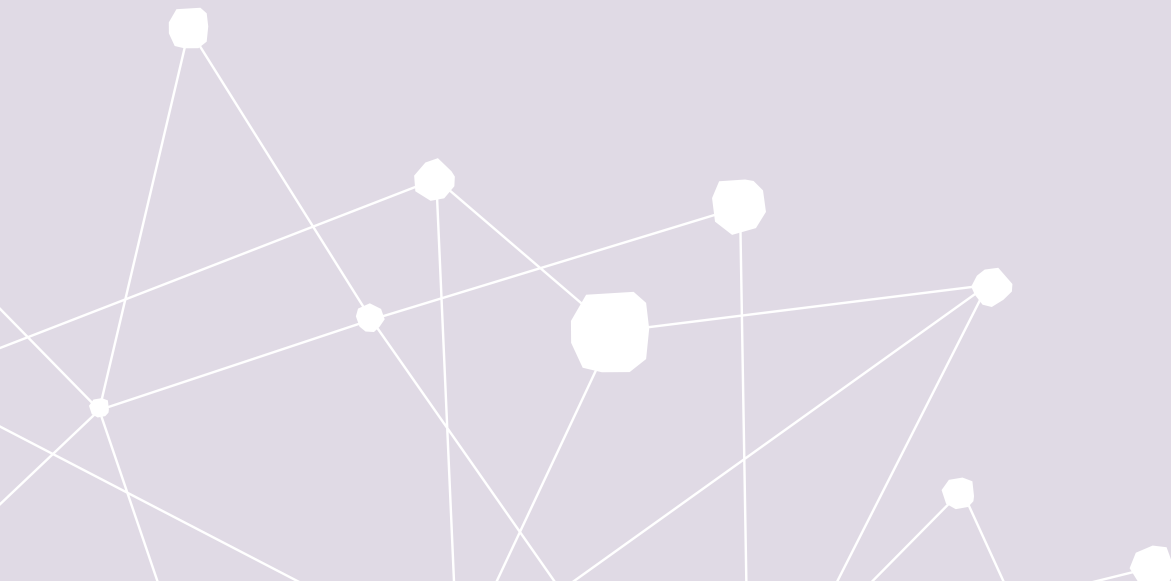
Member outcomes*

- Stronger relationships and collaborations
- More energy and inspiration to share and apply learning
- Greater confidence and agency to lead change
- Better skills to put things into practice
- Increased knowledge of what works and how to apply it in their context

*objectives from the Q theory of change (see p 10)

Realising our impact

5

Q enables a range of outcomes for members – not least, supporting them to undertake more effective and sustainable improvement work. We also work to help foster and practically enable a culture of curiosity and learning across health and care.

Q is a globally unique resource that continues to be what RAND Europe described as 'under-utilised'. Raising the profile of Q and improvement is critical to realising our contribution at a scale that reflects the strength of our potential and ambitions, and at a level that meets the intense needs of the current context.

> "Q needs to have immediacy and relevance to very busy day jobs. It's a tough bar. How can Q help people deliver better results faster? Not marginal to the work, but as 'the work'? And so, how can improvers prove themselves significant at a time of extreme pressure for NHS and the UK?"
>
> Q member

Our strategic priorities for 2023-25, developed with our partners and advisory board, aim to maximise Q's impact in ways that are relevant to the immediate operational pressures the health and care sector and our members are facing, and contributes to what we need for long-term recovery. Our learning since 2020, summarised in this report, informs both where we will focus and how we will deliver.

1 We will focus on building capability through working on real-world issues to improve health and care.

We have already begun to focus on some of the biggest challenges facing the system to demonstrate the cumulative impact of Q on core-system priorities. We will continue to focus much of our work on our core themes:

- reducing waits in a way that supports broader transformation goals

- enabling integrated improvement across sectors

- bringing improvement and digital together for sustainable change.

2 We will focus our resources and expertise on integration across all sectors that are brought together in local systems.

We will do this through our major new partnerships with NHS Confederation and NHS Providers and embed this focus across our offers. We will extend our reach with senior leaders in local systems, making the most of our relevance to the future of system working.

3 We will increase the participation and engagement of the Q community.

We have already developed new convenor roles within the community and the Supporting Q Connections rolling funding programme, and scaled our Q Visits programme. Our next priority involves taking a user-centred approach to building our new website and online space for member engagement.

4 **We will embed our commitments to equity, diversity and inclusion in all our work.**

We will focus on improving the representation and experience of different groups within our community. Our offers will explore the role that improvement can play in reducing inequity, helping to redress the relative lack of attention to this area historically within improvement.

5 **We will work with partners to bring our skills and experience to new audiences.**

This will underpin the design processes for each of our offers and guide our approach to business development.

Developing beyond 2025

Evidence will always be at the heart of Q. We will continue to improve our member and engagement data, report on our progress to our funders and our advisory board, and undertake and commission discrete evaluation of our individual offers.

Most notably, we have commissioned Picker Institute Europe to undertake a two-year independent evaluation of our overall impact on members, on the improvement work they have carried out, and on the wider health and care system. This will report in summer 2025, providing a high-quality assessment that will inform our strategic development beyond 2025.

To ensure that this evaluation draws on the best data, we are inviting members and other stakeholders to get involved through a range of mediums. (Look out for those opportunities.)

Achieving greater impact, together

The Q community has made progress despite the challenges of recent years. As we move through recovery and beyond, we are excited by the opportunities to consolidate and build on this foundation, to effect significant change in health and care.

We call on members, employers, partners and others committed to improving health and care to support this shared endeavour. Here are a few of the many different ways we can help each other.
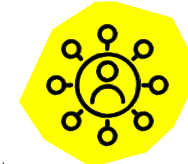
Members
Get actively and intentionally involved in Q and share your learning with the community. Pull on the change ideas and insights from in the community and apply them in your own teams. Take the learning and resources freely available in Q and pass them on through your teams and networks, reaching out across your local system and beyond. Get involved in the priority work in your organisation and feed in the practical insight from Q. Tell us what you need and tell others about the Q community!

Managers and leaders in organisations
Promote Q and signal the value you place in people participating in Q with purpose as a critical part of how the organisation will learn and improve. Show curiosity about what Q members can bring back to the organisation and support members to take the time to engage and connect locally too. Invite members to help understand and address the priority challenges you're facing and celebrate their skills. Consider together how you can embed the change projects and insights from Q into your organisation. Make the most of new opportunities targeted at senior leaders to top up your improvement understanding with peers.

Partners and system stakeholders
Continue to champion and advocate for Q and bring the Q team and members in to work to achieve system priorities. Work together with us and each other to create conditions in the health and care sector where improvement thrives now and long-term.

References

1. Murray R, Edwards N, Dixon J. Joint letter to political leaders in England on future of NHS. The King's Fund; 2023.

2. Berwick D. A promise to learn–a commitment to act: improving the safety of patients in England. London: Department of Health; 2013.

3. The Health Foundation. Effective networks for improvement: developing and managing effective networks to support quality improvement in healthcare. London: The Health Foundation; 2014

4, 13, 15.
Hocking L, Newbould J, Parkinson S, Stewart K, Harshfield A, Ling T. Strengthening the contribution of improvers to UK health and care. An evaluation of the Q Initiative 2016–2020. RAND Corporation; 2020.

5, 6, 8, 10, 11.
Our 2021 member survey explored members' engagement in the community, experience of participation, benefits for members and perceptions of outcomes for the system. We received 350 responses between November and December 2021. The results are unpublished.

7. In 2021–22, the Health Foundation undertook a perceptions audit to explore what its stakeholders think about its work and impact. This included a survey with 213 responses and 54 interviews. The results are unpublished.

9, 12.
We commissioned Ashworth Research to undertake 12 in-depth member case studies to explore the impact resulting from engaging with Q and what factors enabled and inhibited this impact. Cases were selected based on responses to the 2021 Member Survey with six high impact cases and six low impact cases. The case studies were undertaken in 2022 and are unpublished.

14. Our internal evaluation of Q Exchange 3 in 2021 drew on a range of sources including project reports. The results are unpublished.

16. This analysis is based on comparing our member profile data with a range of data sources on the characteristics of the health and care workforce across the UK and Ireland. There is no comparable data for those working to improve health and care specifically.

17. Hill M, Scott J, Cann H. The role of improvement during the response to COVID-19: insights from the Q community. The Health Foundation; 2021

18. Our evaluation of the first year of the embedding improvement in systems workshops included monitoring data, regular feedback surveys and 10 in-depth interviews with participants (undertaken by Ashworth Research) 2022–23. The evaluation report is unpublished.

8 Salisbury Square
London EC4Y 8AP

T +44 (0)20 7664 4661
E q@health.org.uk

@theQCommunity
q.health.org.uk