



# Identity guidelines

April 2023



Q is led by the Health Foundation  
and supported by partners across  
the UK and Ireland





# We are open and inclusive

The Q community is made up of a diverse range of perspectives, backgrounds and experiences. When we speak either on behalf of the community or directly to our members, we are warm, welcoming and personable.

# Tone of voice principles:

## 1. We are open and inclusive

### How to address people with the appropriate tone

#### Inclusive

When addressing groups we aim to be as inclusive as possible. Avoid gendered terms like 'guys' in favour of 'everyone', 'folks' or the title of a specific identifiable group like 'members'. This helps us include as broad a range of people as possible while still being specific when needed.

Avoid using colloquialisms or sayings like 'the elephant in the room' where specific cultural context may be required to understand the point being made.

Avoid using designations like 'improvers' as it can feel exclusive. Instead use a phrase like 'working to improve health and care' or 'people improving health and care'.

#### Jargon

When using initialisms we should make sure that when they are first used they are explained, for example 'Root Cause Analysis (RCA)'.

Organisational and commonly used initialisms like 'NHS' are an exception, but we should make sure we're allowing for people who are reading and learning terms for the first time.

#### Tone

We try to write with a conversational tone. Speaking with plain language helps us make sure we're not excluding readers and allows for more scannable, inviting writing. Using more verbs and fewer nouns when writing helps keep our writing active and easily understood.

**Don't say:** "we have conducted analysis on our research findings"

**Do say:** "we have analysed the findings of our research"



# We speak with purpose

We help our members create real-world change and improvement every day. Our language should be as active as our membership and help underscore our impact. Making our writing easily scannable and quick to understand helps our busy audiences get the most from Q.

# Tone of voice principles:

## 2. We speak with purpose

### Using active language with clear actions

#### Active language

We write with an 'active' voice that sounds clear, direct and to the point. Sentences in the active voice have a strong, direct, and clear tone with a subject, verb and an object.

**Don't say:** "a survey was undertaken by our members"

**Do say:** "We surveyed our members"

#### Sub-headings and scannability

We should make the most of sub-headings to make sure that long passages of text are easily scanned.

This is true for reports and longer-form writing, but especially so for writing online where users tend to scroll to find the information they're looking for quickly.

#### Short sentences are best

Shorter sentences are more easily understood by everyone. Breaking our writing down so that each sentence has one clear point makes complex information more easily digestible.

Using tools like [hemingwayapp.com](https://hemingwayapp.com) can help to ensure sentences are short and to the point.

#### Summarise

Summarising long passages of text with a 'TL:DR' (Too Long: Didn't Read) paragraph at the start can help readers quickly identify whether they should invest the time to read the full thing.



# We share expertise with our members

Serious isn't the same as formal. While we speak with an inclusive tone of voice and in short sentences, we are also experts with a vast bank of knowledge and experience in our community. Treating our members as equals is key to building trust and engagement.

# Tone of voice principles:

## 3. We share expertise with our members

### Speaking with impact, rigour and professionalism

#### Transparency

Being specific about what our objectives are helps people decide for themselves whether or not to participate.

For example, when making requests of members, we are clear about presenting the benefits to them and also our organisational goals.

#### Cite examples

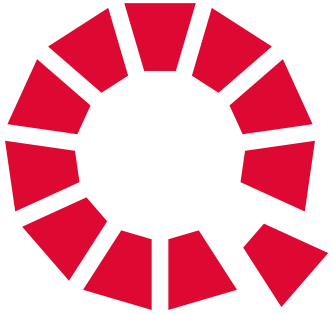
We should try to back up any claims we make with relevant examples. Citing research or best practice underscores the rigour and impact of our work.

#### Terminology

The Q team are facilitators of the Q community, and as such we should be careful to ensure an equitable relationship between us and our members in how we speak about Q.

When we are addressing Q members directly, we say "Our community".

When speaking on behalf of our members or about Q generally, we either refer to "Q" or "The Q community".



# Talking about Q, our work and our mission

Together, to improve health and care



# Summary statements

## Short (48 words)

We are a community of thousands of people across the UK and Ireland, collaborating to improve the safety and quality of health and care. We share our knowledge and support each other to tackle challenges. Together, we make faster progress to change health and care for the better.

---

## Medium (105 words)

We are a community of thousands of people across the UK and Ireland, collaborating to improve the safety and quality of health and care.

With members at the heart of Q, the community thrives on its diverse range of skills, knowledge and perspectives. We collectively boost the resilience, capacity and impact of the community when it's needed most. Inspiring and supporting each other every day, we find new and inclusive ways for everyone to progress.

We equip people to bring about change across the sector. By combining our energy and actions, we multiply our power to create more effective, equitable and sustainable health and care.

## Long (241 words)

We are a community of thousands of people across the UK and Ireland, collaborating to improve the safety and quality of health and care. We share our knowledge and support each other to tackle challenges. Together, we make faster progress to change health and care for the better.

Members are at the heart of Q. The community thrives on its diverse range of skills, knowledge and perspectives. We inspire and support each other every day to deliver improvements to health and care. We develop our methods and share insights as we do so. And with a community spanning health, care and lived experience, we find new and inclusive ways for everyone to progress.

Membership of Q is free. Through networking and events, topic-focused groups and collaborative funding programmes, we support members to develop and deliver their day-to-day work. We bring people together through the Q Lab network to learn about specific topics, uncover new insights and develop and test ideas. Our insight and resources are available for anyone to learn, share and support each other. Q provides a flexible way to boost the resilience, capacity and impact of people working throughout health and care where it's needed most.

Along with our partners and members, we have the reach to bring about individual and collective change that extends far beyond our community. By combining our energy and actions, we multiply our power to create more effective, equitable and sustainable health and care.

# Identity system



◀ Logo p.12

# Join the community

▲ Typography p.25

○ Primary colour palette p.21

Graphic colour palette p.22 ▲

Black linework p.31 ▶

Polygon shapes p.29 ▶

▼ Photography p.33

Network graphic p.32 ▼



# Identity system

Our identity is based around a system of assets that combine to create a brand that reflects our diverse membership and range of work. While the logo remains a key signifier and anchor for the overall system, it's not the sole asset and should be considered one aspect of an overall kit of parts.



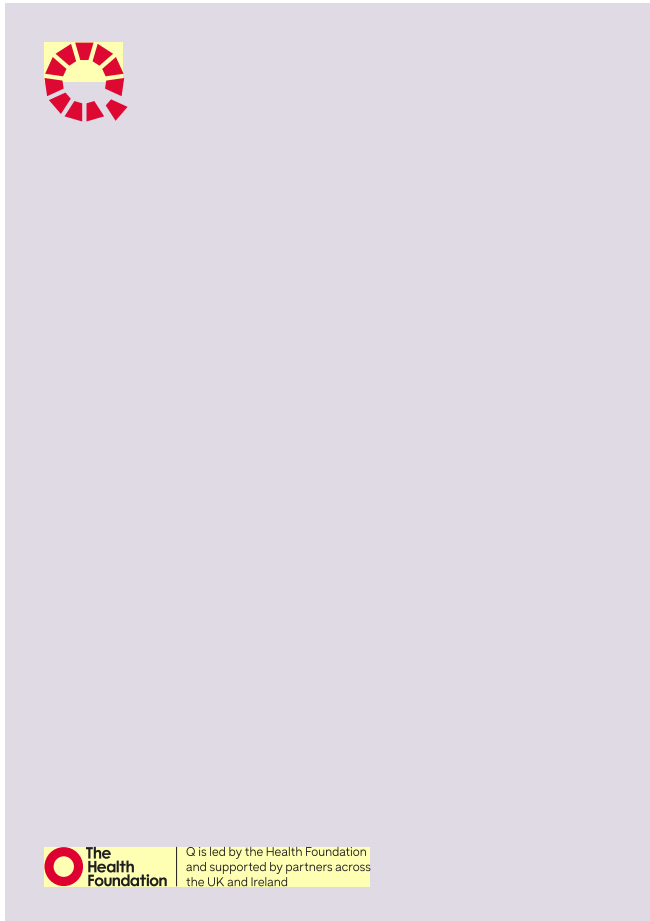
# Logo lockup

The Health Foundation logo should be included on all Q publications, to indicate affiliation. The logo should always sit in the bottom left-hand corner of a publication or page.

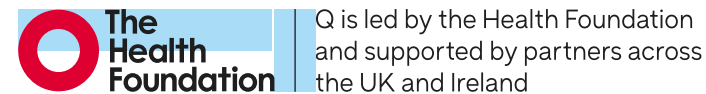
The height of the logo should be roughly equivalent to half that of the Q logo.

The space between each part of the lockup is half the height of the Health Foundation logo, separated by a 0.5pt dividing line.

On the right side of the dividing line, the Health Foundation logo sits alongside the descriptor.



The Q logo represents people coming together to create the Q community.



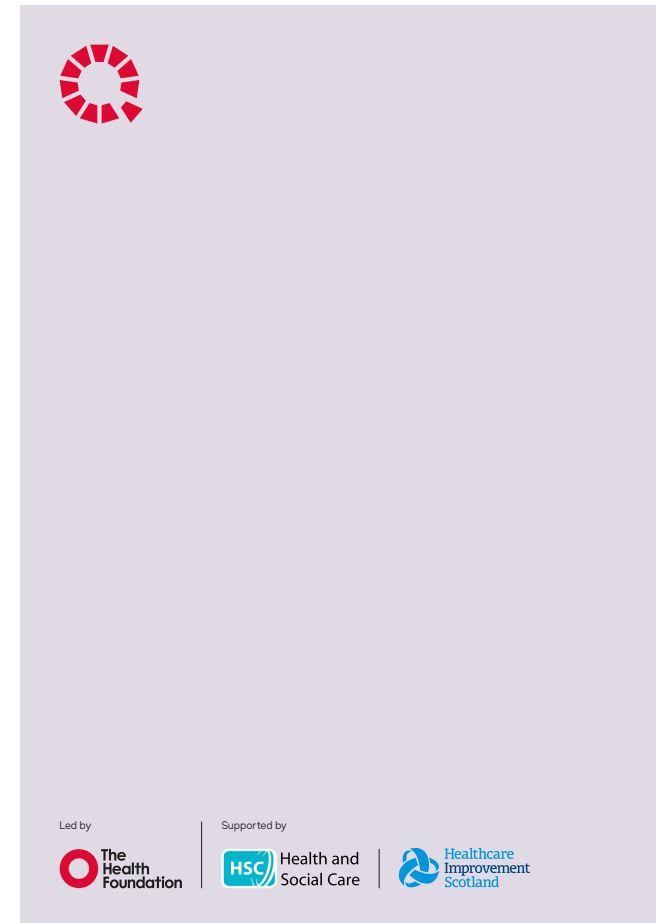
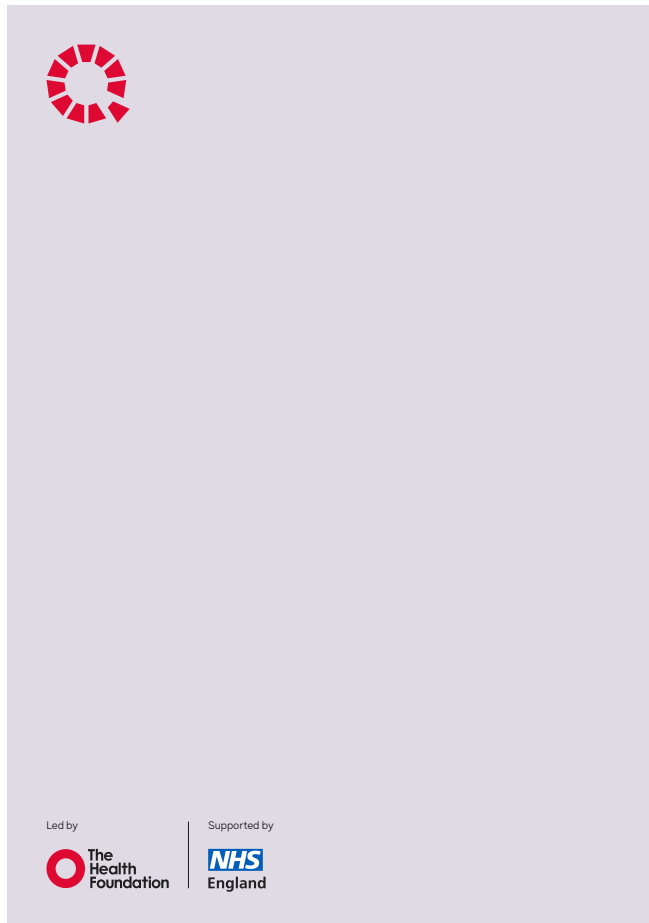
The space between the Health Foundation logo and the descriptor is half the height of the logo, separated by a 0.5pt dividing line.

# One or two country partners

When working with one or two country partners, their logos are added to the lockup at the bottom of the publication. The descriptor (Supported by) clarifies the association. This text should be aligned with the first logo and dividing line.

The space between each part of the lockup is height of the Health Foundation logo, separated by a 0.5pt dividing line.

The dividing line between country partners is the same height as the logos.



# Multiple country partners

When working with three or more country partners, their logos are added to an inside page or back cover, as shown. The Health Foundation logo with descriptor is used on the front cover to indicate affiliation with those partners.

The same rules apply to all partner logos and descriptor sizes.

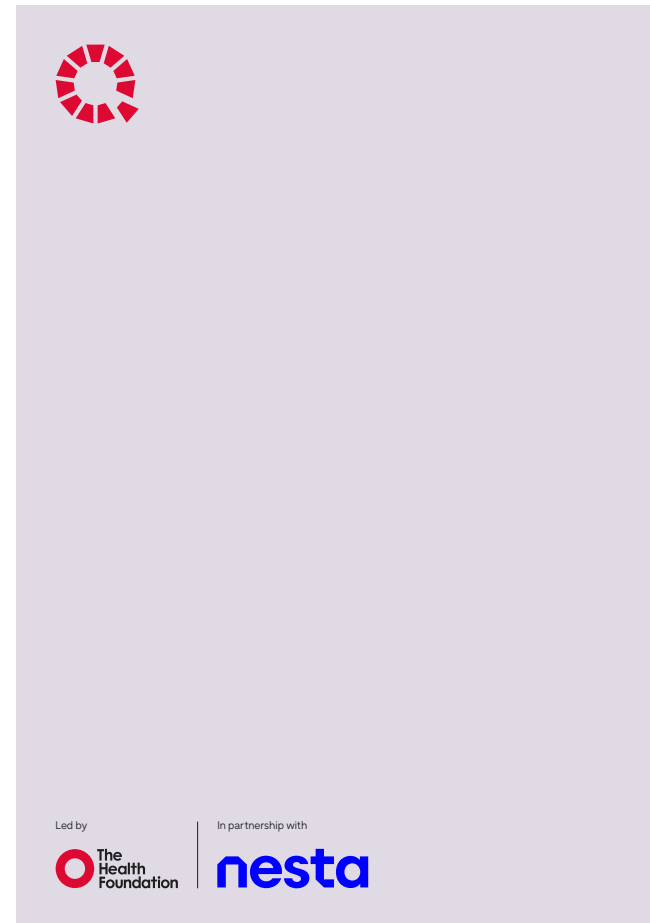
The vertical space between each partner logo is the same as its height.



# An associate organisation

When working with an associate (an organisation who is not a country partner) on a specific project, their logo is added to the lockup at the bottom of the publication and adheres to the same rules.

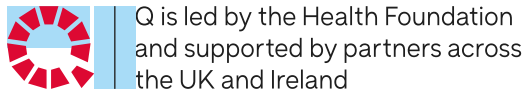
The descriptor ('In partnership with') clarifies the association. This text should be aligned with the logo and dividing line.



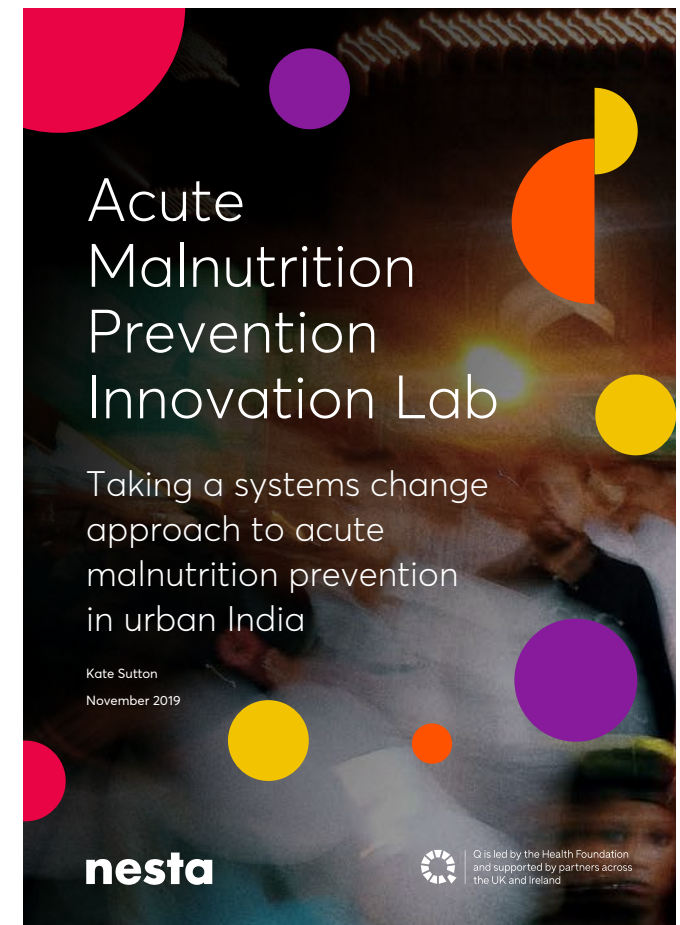
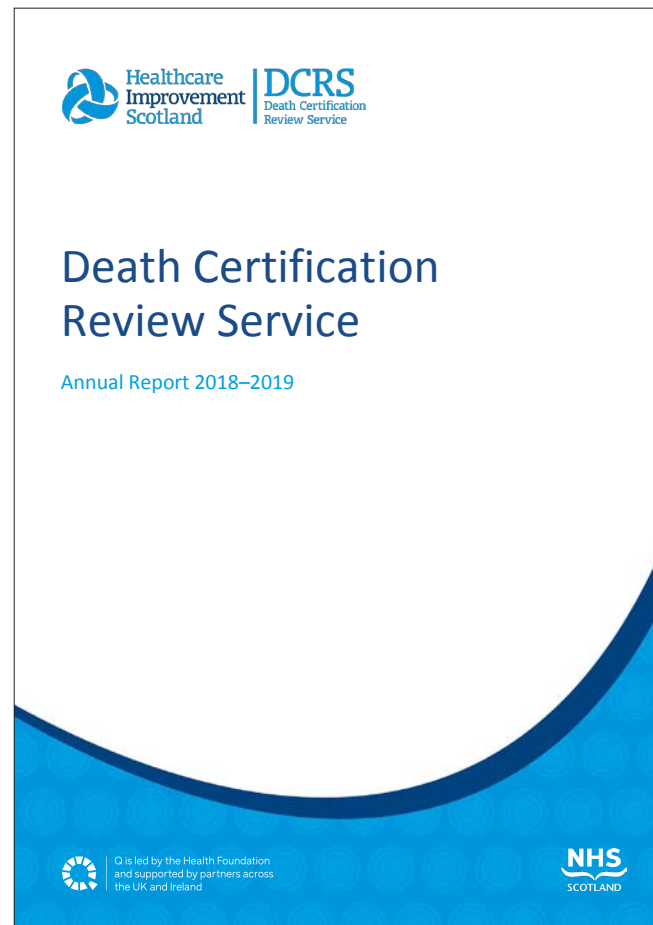
# Third party use

When referenced by a third party, the Q logo will appear alongside the descriptor to indicate affiliation.

On dark backgrounds, the logos, dividing line and descriptor should be reversed to white to maximise legibility.

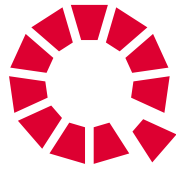


The space between the Q logo and the descriptor is half the height of the logo, separated by a 0.5pt dividing line.





# Q programmes



**Q Lab  
Network**



**Q Exchange**

For particular programmes, there may be instances of specific lockups. Shown here are Q Lab and Q Exchange which are treated the same as the main Q logo.

Creation of new programme lockups should be discussed with the brand team before proceeding.

**HE** An Stúirtheacht um Ardchaighdeán agus Síbháilteacht Othar  
National Quality and Patient Safety Directorate  
Office of the Chief Clinical Officer

**Q Exchange**

**MOBILE APP TO SUPPORT IMPROVEMENTS IN PRESSURE ULCERS & FALLS PREVENTION**

**VOTE NOW!**

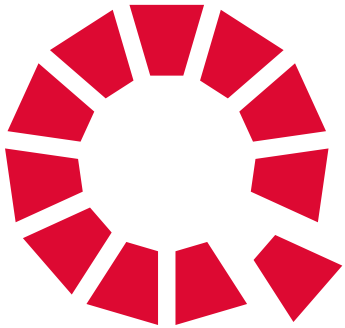
This project's aim is to design, develop & deliver a low-complexity, accessible, engaging & easily navigable mobile app to support healthcare professionals undertaking Pressure Ulcers &/or Falls Prevention improvement projects in clinical settings (both hospital & community) across Ireland.

*This project has the potential to not only directly improve the safety of patients & service users in our care, but also to increase the capacity & capability of healthcare providers & contribute to the growing pool of knowledge on the use of digital technology & apps in healthcare in the UK & Ireland.*

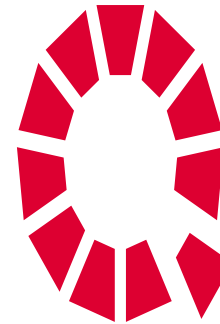
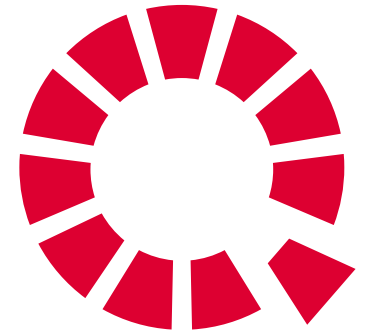
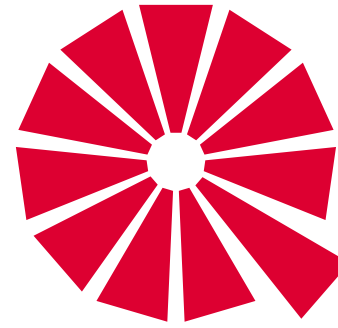
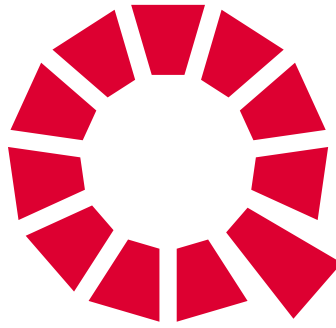
Q Exchange lockup featured on a country partner's social media post

# Dos and don'ts

**Do** scale the Q logo for appropriate uses

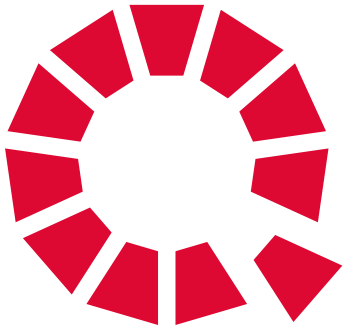


**Don't** redraw, crop, add to or distort the Q logo

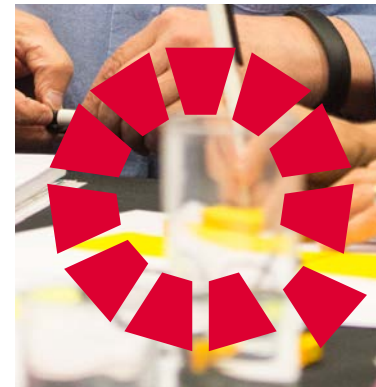
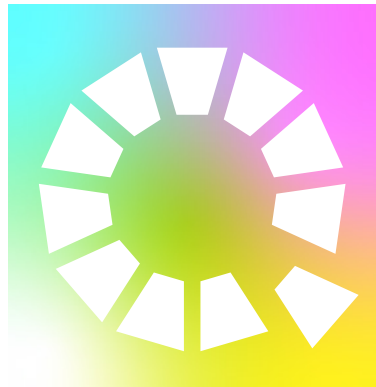
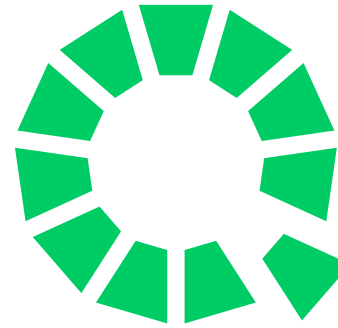
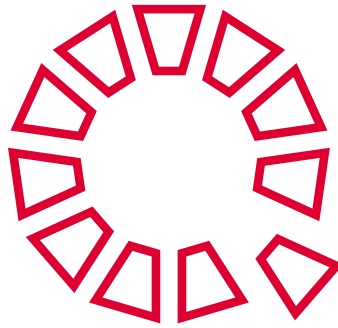


# Dos and don'ts

**Do** use the red and white logo versions where appropriate

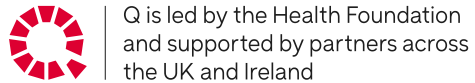


**Don't** recolour, place images inside, change transparency or use over low-contrast or busy backgrounds



# Dos and don'ts

**Do** use the lockups specified on pages 12–17



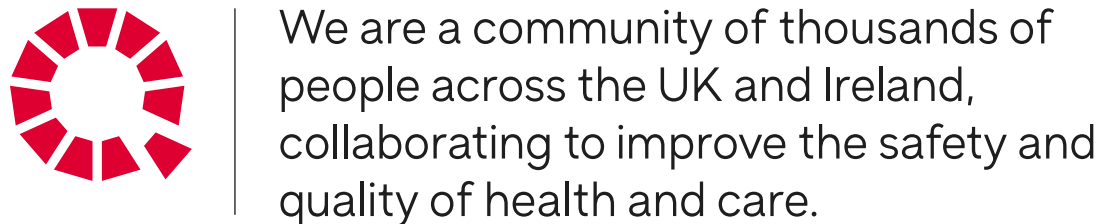
Led by



Supported by



**Don't** reword copy or lock up the Q logo with the Health Foundation logo



# Base colour palette

**Q flat black**

RGB 30, 30, 30

Hex #1E1E1E

CMYK 0, 0, 0, 100

PMS Process Black

Text and illustrations are set in 'flat' black.

**Q background grey**

RGB 224, 218, 229

Hex #E0DAE5

CMYK 14, 15, 6, 0

PMS 5315

Communications can be set against a bespoke background grey. We would typically use this for the first page of a document or presentation, followed by white interior pages/slides.

**White**

RGB 255, 255, 255

Hex #FFFFFF

CMYK 0, 0, 0, 0

PMS n/a

**HF red**

RGB 221, 0, 49

Hex #DD0031

CMYK 0, 100, 60, 00

PMS 199

We use Health Foundation Red for the Q logo. This is solely to emphasise our relationship with the Foundation and should not be used anywhere else in communications, such as colouring polygon shapes.

# Graphic colour palette

Our graphic colour palette consists of a series of **light**, **mid** and **dark** tones. Light tones are further divided into **pastel** and **neon** hues.

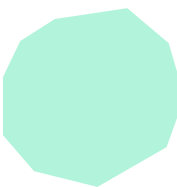
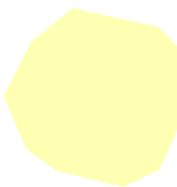
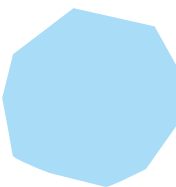
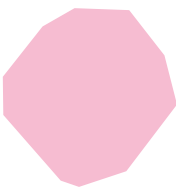
To represent the diverse Q membership colour combinations can be drawn from anywhere across the palette.

To reflect this diversity no more than two hues from the same column should be used at one time.

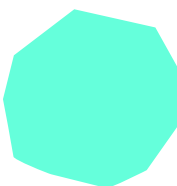
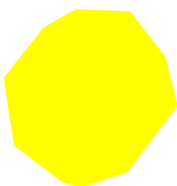
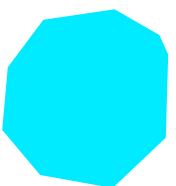
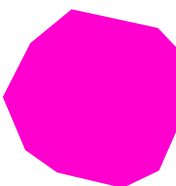
Pastels and neons are used to dial up or down the vibrancy of the communication and therefore should never be used at the same time.

Light tones

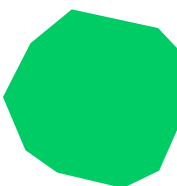
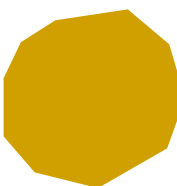
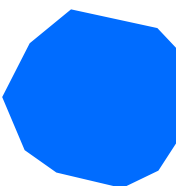
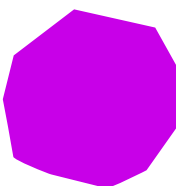
Pastels



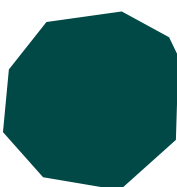
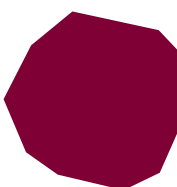
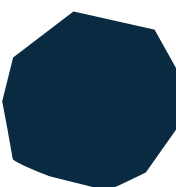
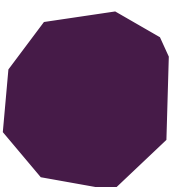
Neons



Mid tones



Dark tones



# Graphic colour values

Our identity system is RGB-first. For all digital applications, including screen-based PDF reports and presentations, colours are set using the RGB or hexadecimal values.

The darker shades of purple, blue and teal are taken from the parent Health Foundation palette.

We always use our graphic colours at full strength – we do not use tints.

## Q pastel pink

RGB 246, 188, 209  
Hex #F6BCD1  
CMYK 0, 36, 5, 0  
PMS 182

## Q pastel blue

RGB 168, 219, 247  
Hex #A8DCF7  
CMYK 38, 0, 0, 0  
PMS 2905

## Q pastel yellow

RGB 255, 255, 180  
Hex #FFFFB4  
CMYK 0, 0, 37, 0  
PMS 100

## Q pastel green

RGB 177, 244, 219  
Hex #B1F4DB  
CMYK 33, 0, 23, 0  
PMS 331

## Q neon pink

RGB 255, 0, 207  
Hex #FF00CF  
CMYK 0, 82, 0, 0  
PMS 813

## Q neon blue

RGB 0, 235, 255  
Hex #00EBFF  
CMYK 55, 0, 10, 0  
PMS 915

## Q neon yellow

RGB 255, 255, 0  
Hex #FFFF00  
CMYK 0, 0, 80, 0  
PMS 809

## Q neon teal

RGB 101, 255, 219  
Hex #65FFDB  
CMYK 50, 0, 30, 0  
PMS 0921

## Q mid purple

RGB 200, 0, 232  
Hex #C800E8  
CMYK 33, 80, 0, 0  
PMS 253

## Q mid blue

RGB 0, 108, 255  
Hex #006CFF  
CMYK 85, 48, 0, 0  
PMS 285

## Q mid ochre

RGB 208, 160, 0  
Hex #D0A000  
CMYK 22, 37, 100, 0  
PMS 125

## Q mid green

RGB 0, 204, 101  
Hex #00CC65  
CMYK 70, 0, 75, 0  
PMS 7481

## HF dark purple

RGB 70, 27, 72  
Hex #461B48  
CMYK 77, 100, 35, 40  
PMS 2617

## HF dark blue

RGB 9, 42, 64  
Hex #092A40  
CMYK 100, 77, 47, 53  
PMS 648

## Q dark maroon

RGB 127, 0, 53  
Hex #7F0035  
CMYK 32, 100, 50, 43  
PMS 195

## HF dark teal

RGB 0, 73, 70  
Hex #004946  
CMYK 100, 39, 59, 52  
PMS 3165

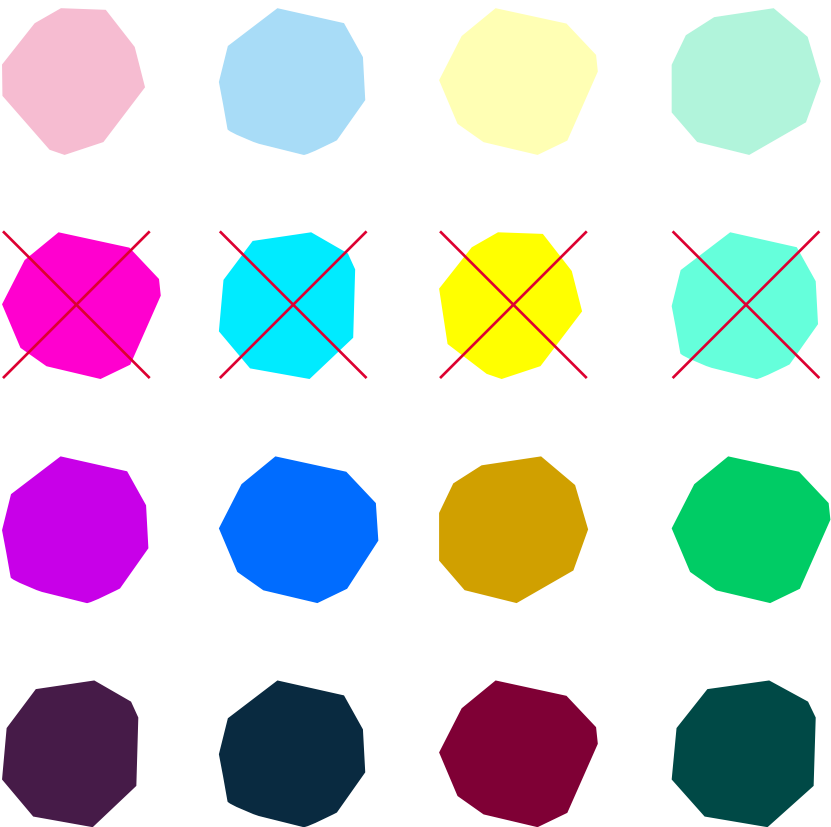
# Graphic colour usage

Pastels and neons should never be used at the same time.

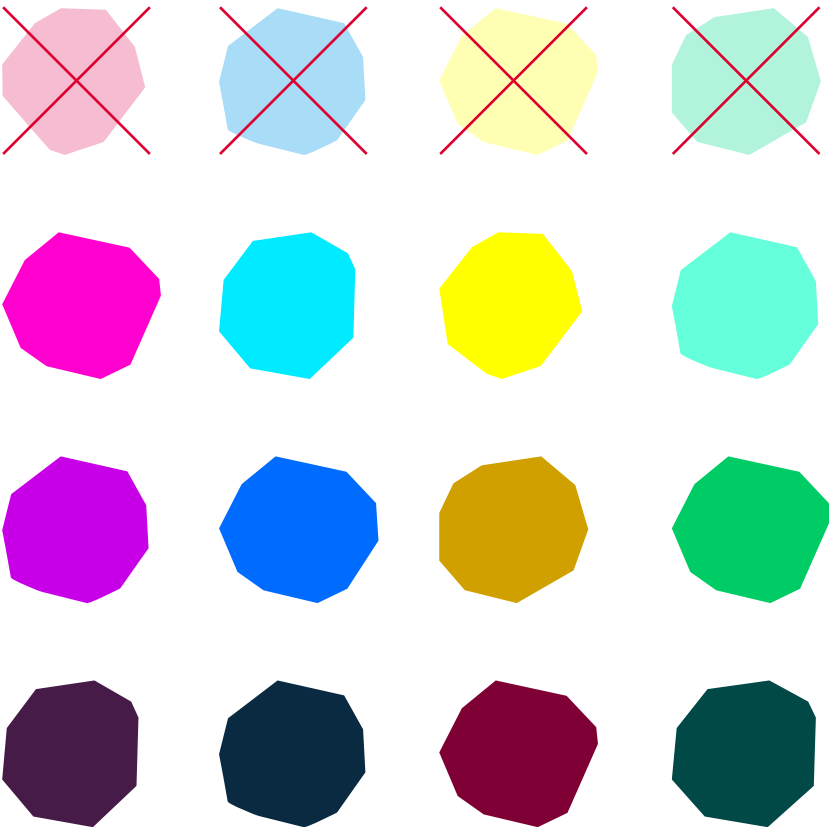
See [pages 38–39](#) for examples of the graphic palette in use.

Which set of light tones are being used should be judged on the intended audience of the communication.

**Pastels**  
Senior audiences, serious, authoritative



**Neons**  
Member focused, engaging, playful





## Headline font

Our headline font is **Fairgates** and is available to purchase from Norberg Type Foundry: [norbergtypefoundry.com](https://norbergtypefoundry.com)

We use the **Bold**, **Semibold** and **Regular** weights.

**Fairgates**  
**Bold Semibold Regular**

**ABCDEFGHIJKLMNOPQRSTUVWXYZ**  
**abcdefghijklmnopqrstuvwxyz**  
**0123456789 012345678**

**g g**

Wherever possible we use the 'single-storey' version of the lowercase **g** (see following page)

# Stylistic alternate 'g'

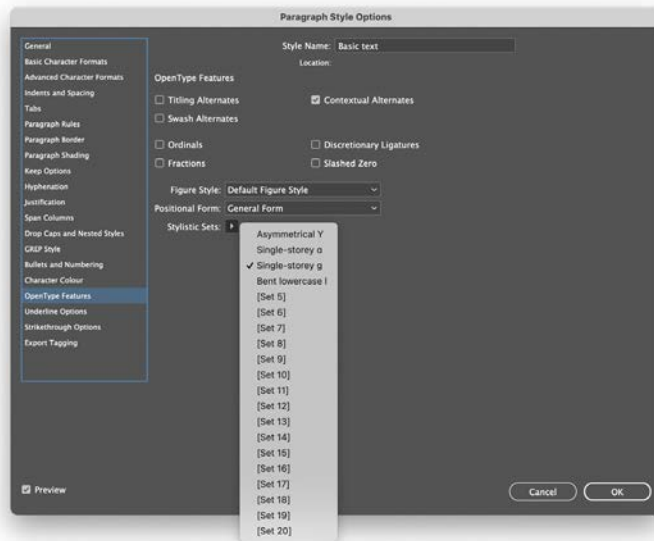
When typesetting with the **Fairgates** font we use the alternate single-storey version of the lowercase **g**.

In digital applications, this is done using the **font-feature-settings** CSS property with a value of **"ss03"**.

Settings for this will vary across software; a few common examples are presented below:

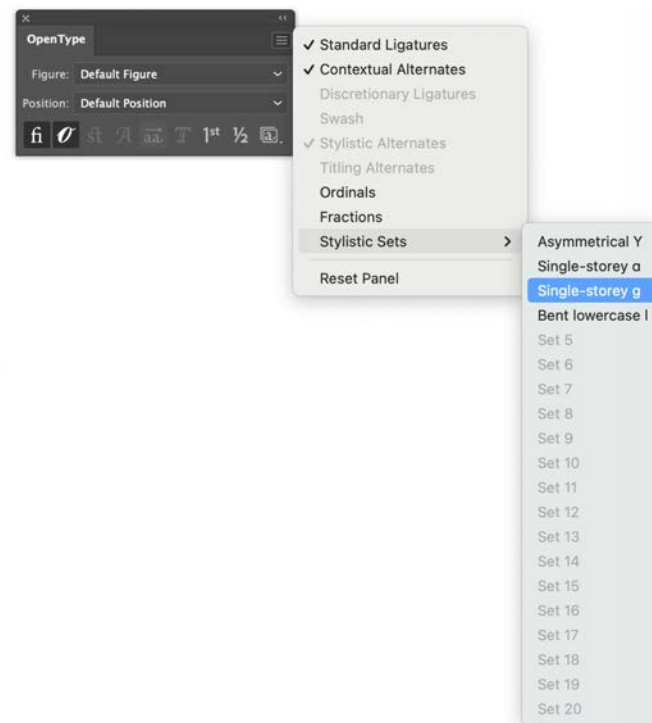
## Adobe InDesign

Paragraph Styles > OpenType Features > Stylistic Sets > Single-storey g



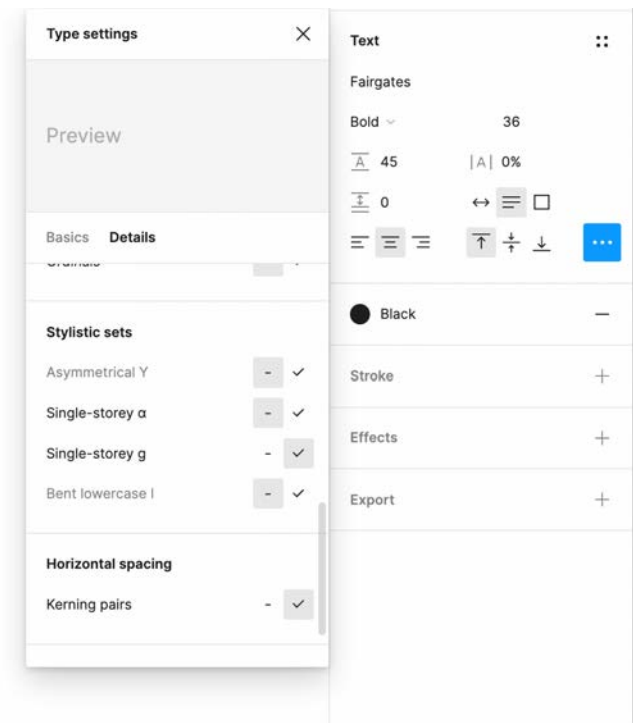
## Adobe Illustrator

Type > OpenType > Stylistic Sets > Single-storey g



## Figma

Text > Type settings > Details > Stylistic sets > Single-storey g



# Secondary and system fonts

Freight Text Pro  
Book *Book Italic*

ABCDEFGHIJKLMNOPQRSTUVWXYZ  
abcdefghijklmnopqrstuvwxyz  
0123456789

For longer-form text, such as reports or publications we can also use **Freight Text Pro Book**. This is included with an Adobe Creative Cloud subscription or can be purchased from [myfonts.com](https://myfonts.com)

When **Fairgates** and **Freight Text Pro** are unavailable, the system fonts below can be used in their place. These can be used for internal work in Microsoft Office applications and email communications.

Brand font

**Fairgates**  
**Bold**  
**Semibold**  
Regular

System alternate

**Arial**  
**Bold**  
**Bold**  
Regular

Brand font

Freight Text Pro  
Book  
*Book Italic*

System alternate

Georgia  
Regular  
*Italic*

# Text contrast

All text should be set in **Flat black** unless reversed out in **White** from one the passing colours specified below.

The one exception to this is **Mid blue** which can be used in digital applications to denote links and interaction.

In order to meet WCAG level AA for the visual presentation of text we have strict guidelines about which colours can be set against one another.

An interactive version of this contrast grid is available at [bit.ly/3LcMmEQ](https://bit.ly/3LcMmEQ)

Text in **Flat black**  
can be set on

White	Q background grey	Q pastel pink	Q pastel blue	Q pastel yellow	Q pastel green
Q neon blue	Q neon yellow	Q neon teal			

Text in **White**  
can be set on

Q flat black	HF dark purple	HF dark blue	Q dark maroon	HF dark teal
Q mid purple	Q mid blue			

Text in **Mid blue**  
can be set on

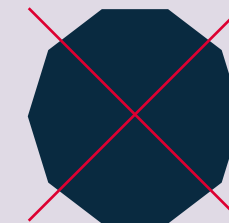
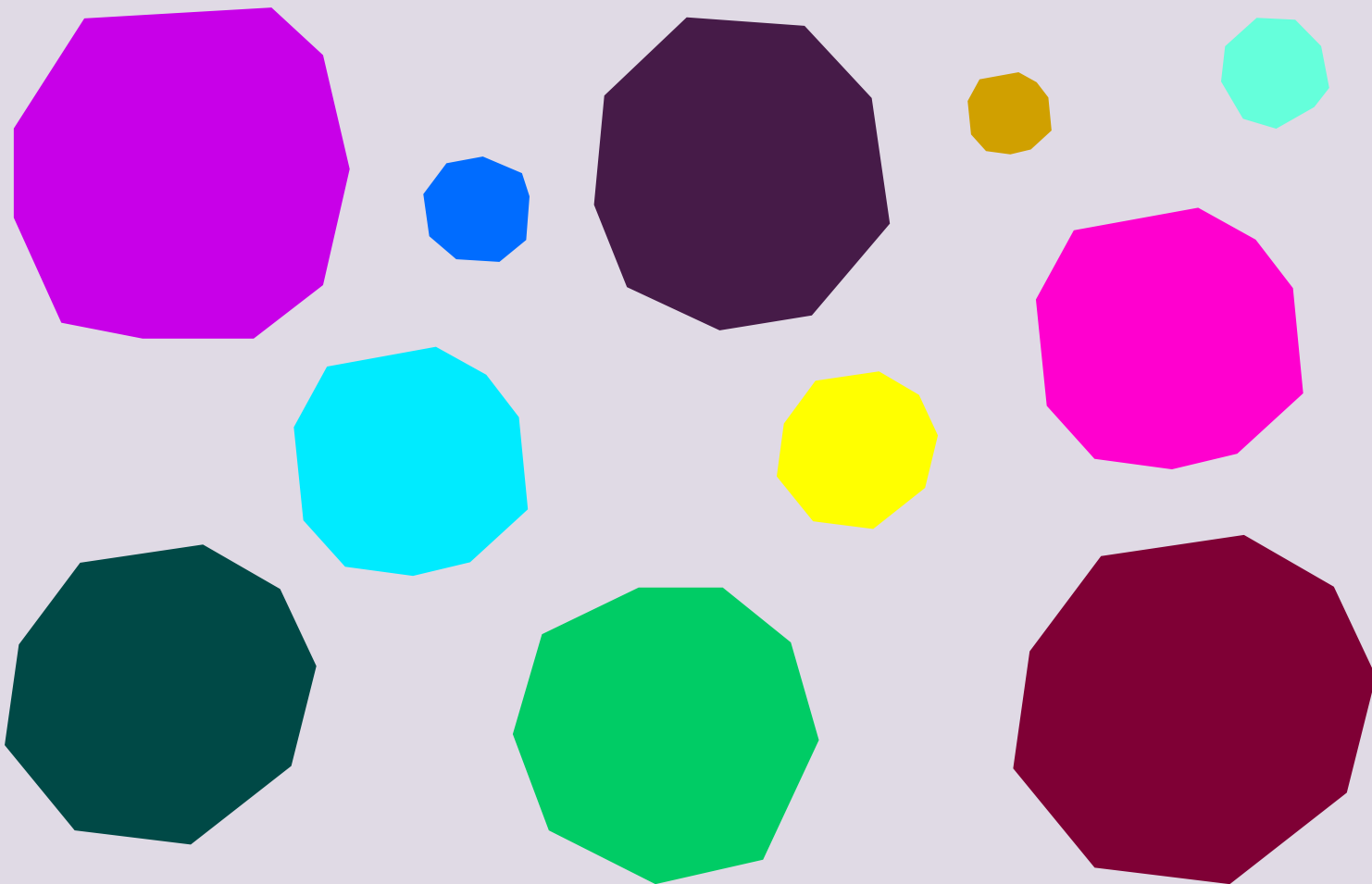
<a href="#">White</a>
-----------------------

# Graphic elements: polygons

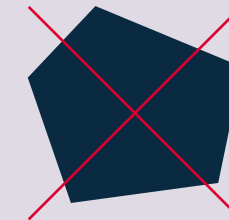
Our polygon shapes represent our diverse network and the constant refinement work involved in quality improvement – nothing is ever perfect!

The polygons can be any colour from the graphic palette, and do not need to be of uniform size.

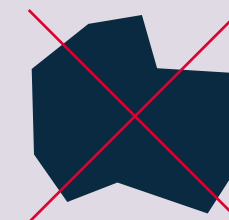
Polygons are created with either 9, 10 or 11 sides. The lengths of the sides and the interior angles should all be varied. The shapes are always convex, meaning interior angles should always be less than  $180^\circ$ .



Angles and sides too uniform



Too few sides



Not a convex polygon

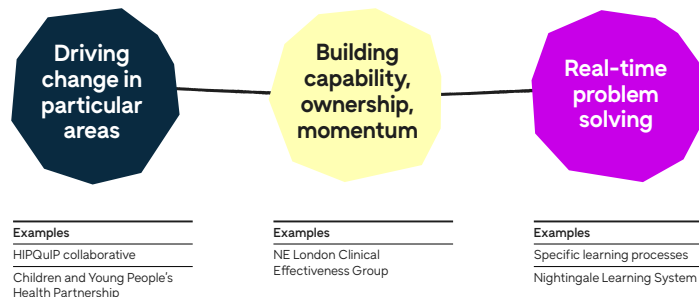
# Polygon usage

While our polygons add colour and dynamism to communications, overuse will dilute their impact.

Polygons can contain content such as short snippets of text, statistics and icons (while still adhering to the text contrast guidelines found on [page 27](#)).

They should not be used to contain lengthy paragraphs of text. Instead utilise them for the occasional pop of colour.

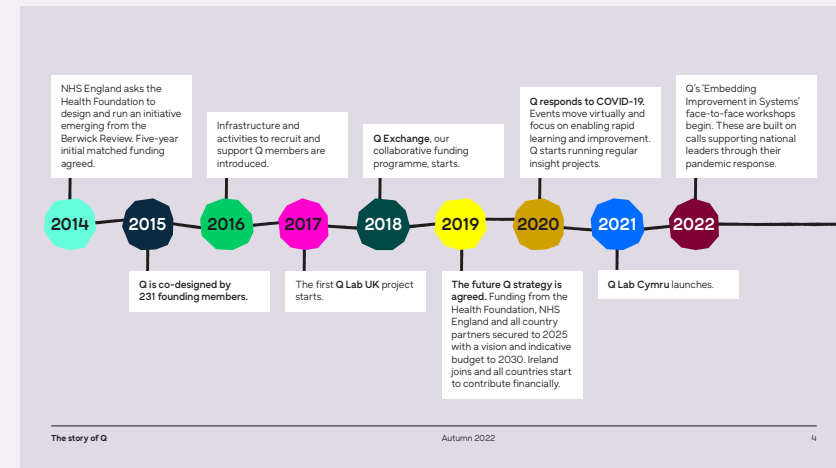
## How can effective learning systems support ICSs?



Learning systems panel

November 2022

6



The story of Q

Autumn 2022

4

## Five suggested simple rules



Integrating improvement

March 2023

13

## Impact on improvement work, priorities and health and care at scale

A central overarching assessment of the RAND Europe evaluation (2020) was that Q is not yet achieving impact at scale across health and care. Specifically, it concluded that: "Q has engaged thousands, inspired new behaviours and shifted the context for improvement. However, it is currently an underutilised asset in the system that should more actively engage system leaders and respond more clearly to system priorities."

Q is making a difference to the improvement work being undertaken by some members and last year's evaluation has added more promising examples to those collected by RAND – especially through our direct funding offers such as Q Exchange and funding of Q Lab teams.

"Q has engaged thousands, inspired new behaviours and shifted the context for improvement. However, it is currently an underutilised asset in the system that should more actively engage system leaders and respond more clearly to system priorities"

Member perceptions of Q's impact at the system level are relatively positive including our impact on the visibility, credibility and profile of improvement nationally, improvement capability, the spread of ideas and innovations and the quality of health and care overall.

Specific offers such as Q Lab and the system-wide change workshops suggest some promising contribution to shifting the culture and conditions within which improvement takes place. The Foundation's perceptions audit showed a particular value for Q as an area of thought leadership on improvement.

**50%**

50% of members feel that Q is increasing the visibility, credibility and profile of improvement at a national level, whereas fewer than 27% would say this is true within their organisation  
Source: Member survey 2021

Evidence and learning summary

January 2023

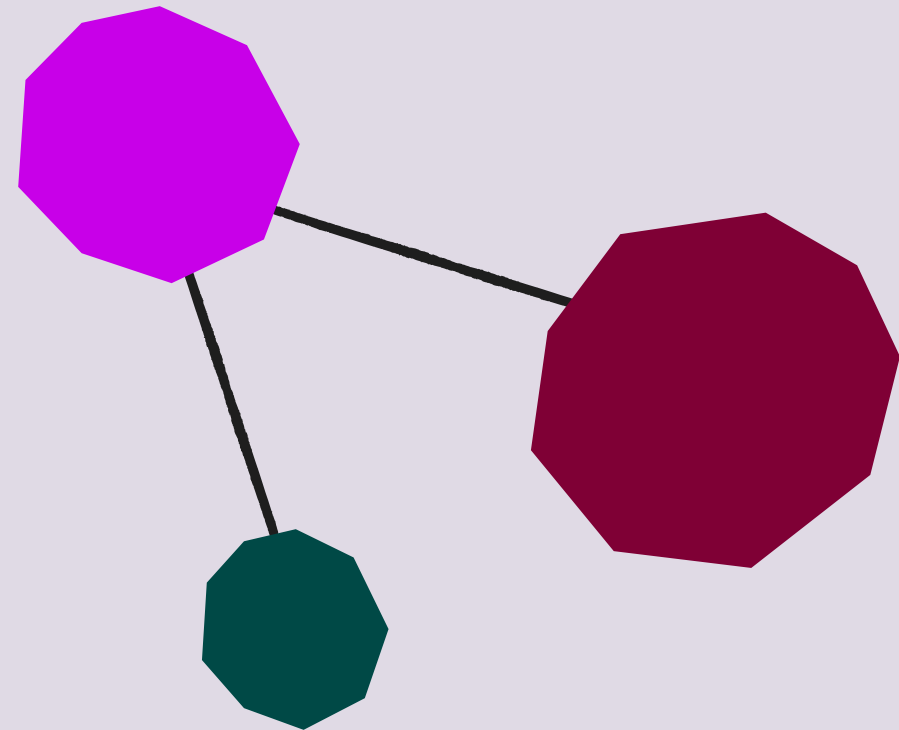
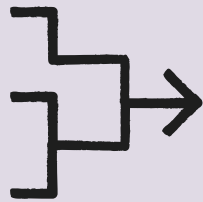
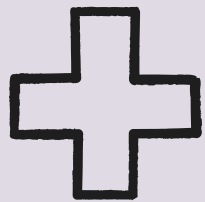
22

# Graphic elements: linework

Linework is created using a bespoke felt tip line style that provides a human, hand-drawn feel. Linework is only set in the **Q flat black** colour.

This line style is used for illustrations, icons and supplemental graphics, as well as for connecting the polygon shapes.

Thickness of linework should be uniform throughout an application. For an A4 document such as these guidelines, the line should feel about as heavy as a 3.5pt stroke.



Scaled view of the felt tip texture

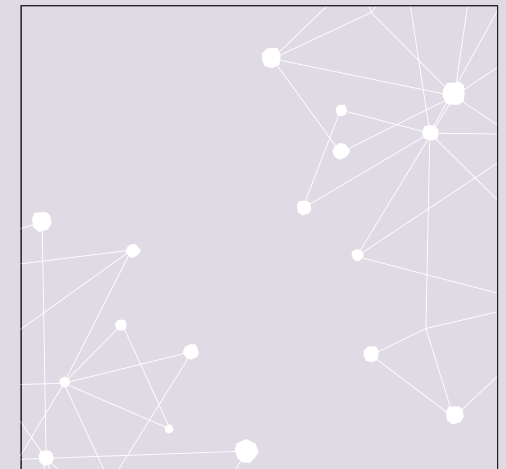
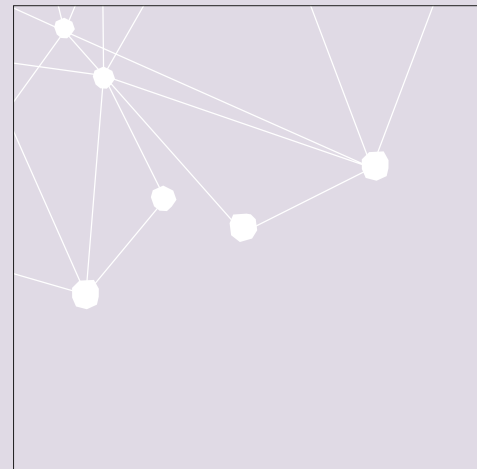
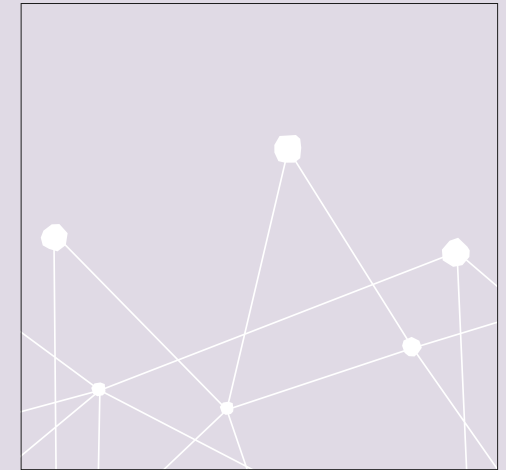
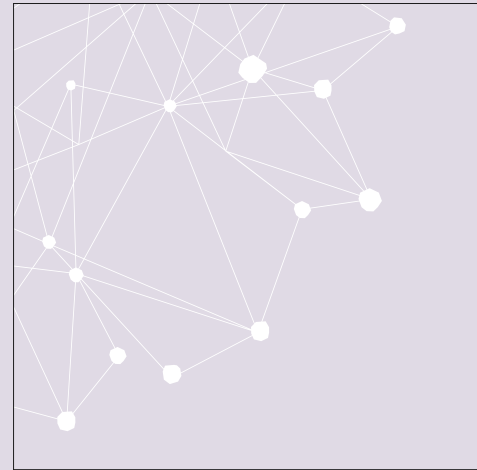
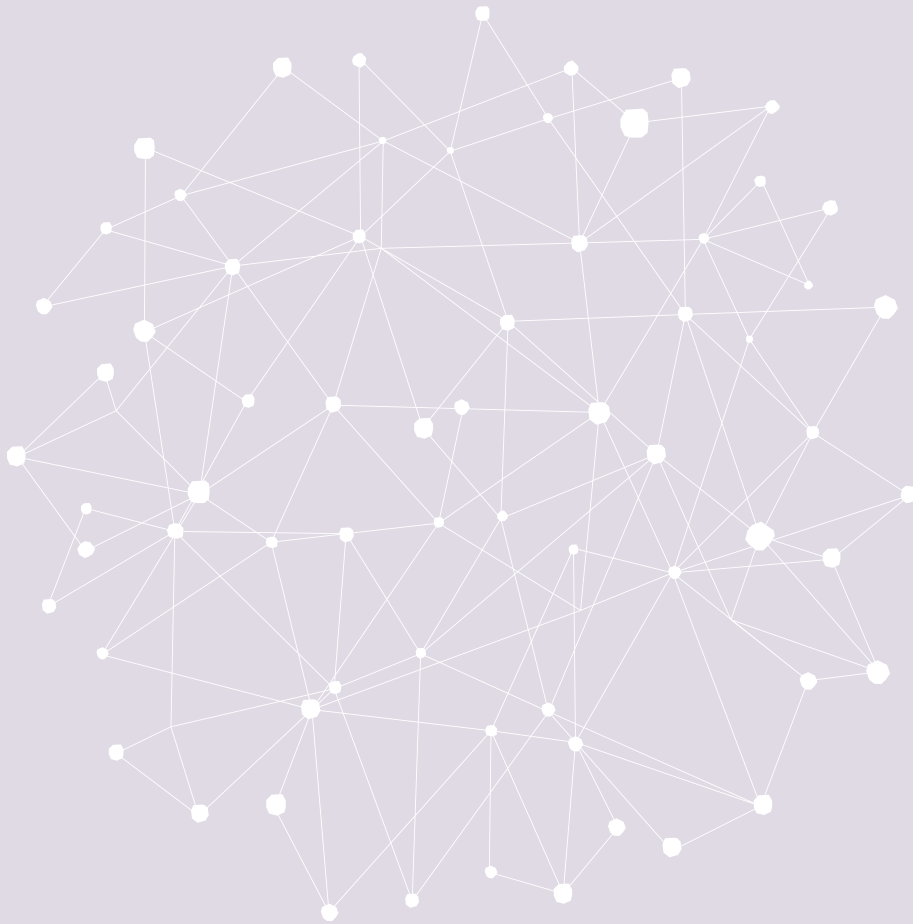


# Graphic elements: network

The network graphic is a visual representation of the many and varied connections between our members that forms the heart of the Q community.

The graphic is never shown in full; instead it is cropped, rotated and scaled. If required, more than one instance of the graphic can be used at a time – both instances should be the same size.

The network is always shown in white against the **Q background grey**.





# Photography

Photography should always have a feeling of authenticity. Avoid images that have a 'stock' feel, even if they are from a real event or setting.

Where the focus of the image is one person, there should be enough background visible to provide context to the setting they are in.

We use a mix of images from the Q community and events as well from clinical environments where QI is taking place. Photography can be placed inside the polygon shapes.

We always strive to reflect the diversity of Q's membership by depicting a wide range of ages, genders and ethnicities.

Avoid imagery of people looking straight at the camera unless the application specifically references them – e.g. a social media post with a quote.



# Data visualisation

We aim to make the visual presentation of data as accessible as possible.

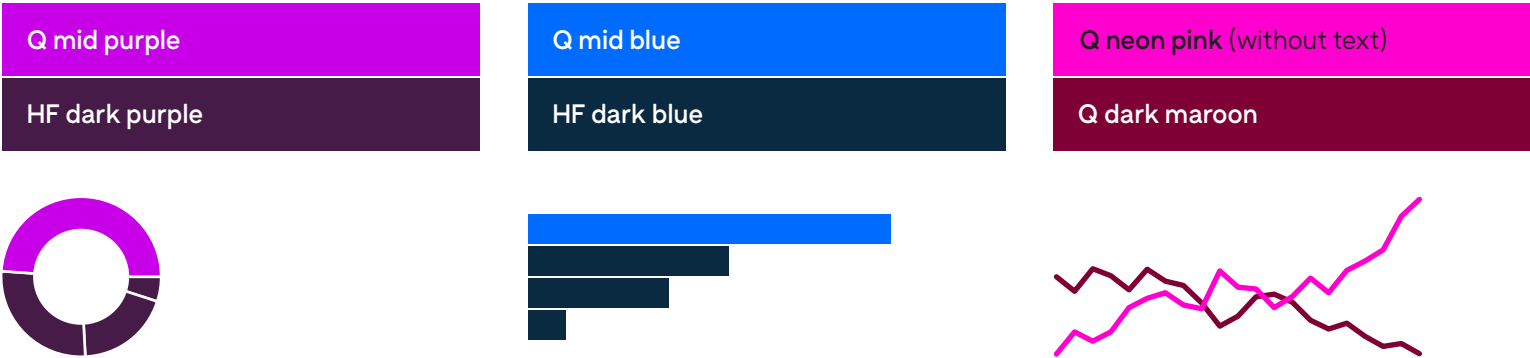
Graphic elements set on white can use the below colours. While **Neon pink** may be used for graphic elements, it cannot have text set against it.

We never rely on colour alone to convey information. The following pages demonstrate some examples of accessible data visualisation.

Data visualisation elements set on **White** can be



Charts with only two colours should use one of these three combinations. Not only do these contrast sufficiently against a white background, but also with each other.



# Data visualisation examples: bar charts

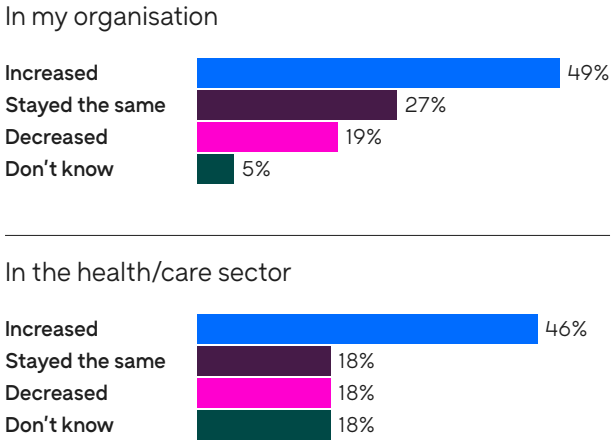
While data can sit inside the bars when required, placing it black outside the bars whenever possible provide the best clarity. Doing so also allows the **Neon pink** colour to be used.

**Version 1: equal weighting of data**

- ✓ Each bar contrasts with white background
- ✓ Bars are separated with whitespace
- ✓ Labels repeated with each appropriate bar
- ✓ Data outside of the bars for greatest clarity

Figure 1: The role of improvement tools, methods, approaches and mindsets increased during the response to COVID-19

% of respondents; percentages may not total 100 due to rounding

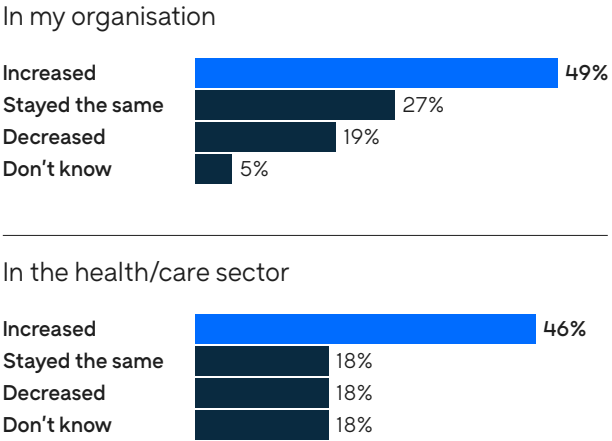


**Version 2: emphasised focus on 'Increased' data**

- ✓ Each bar contrasts with white background
- ✓ Bars are separated with whitespace
- ✓ Labels repeated with each appropriate bar
- ✓ Data outside of the bars for greatest clarity
- ✓ Emphasised bar contrasts with others

Figure 1: The role of improvement tools, methods, approaches and mindsets increased during the response to COVID-19

% of respondents; percentages may not total 100 due to rounding



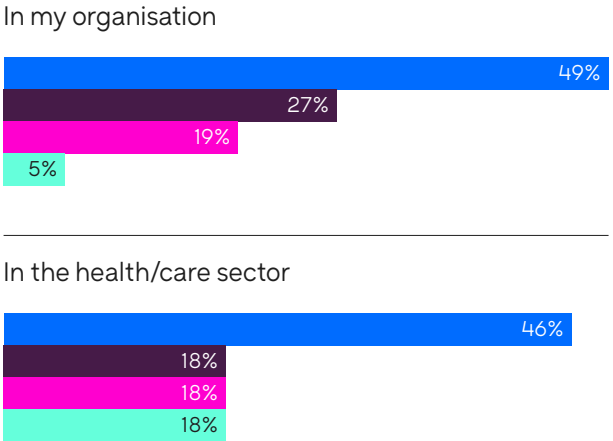
**What not to do**

- ✗ Neon teal fails contrast against white background
- ✗ Bars are not separated
- ✗ Labels rely on a colour-coded legend
- ✗ Data inside of neon pink bar fails contrast

Figure 1: The role of improvement tools, methods, approaches and mindsets increased during the response to COVID-19

% of respondents; percentages may not total 100 due to rounding

■ Increased ■ Decreased ■ Stayed the same ■ Don't know



# Data visualisation examples: doughnut charts

Where possible we avoid the use of circular charts. Readers are much better at comparing lengths and heights in a bar or line chart than they are at comparing areas within a pie. The thinner pieces of a pie tend to become unreadable.

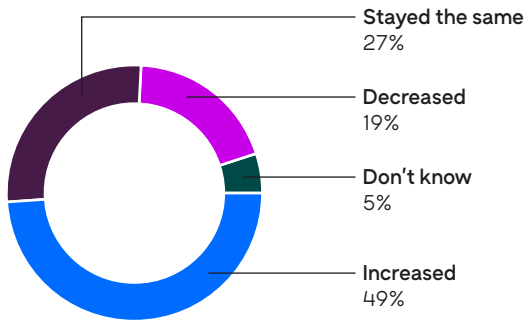
They are also harder to discern where to start reading the data; as opposed to left-to-right or top-to-bottom in a bar or line chart. If a circular chart must be used, we always use a 'doughnut' shape instead of a 'pie', to provide the easiest comparison of data.

**Version 1: equal weighting of data**

- ✓ 'Doughnut' shape
- ✓ Each segment contrasts with white background
- ✓ Segments are separated with whitespace
- ✓ Labels and data outside of the segments

Figure 1: The role of improvement tools, methods, approaches and mindsets increased during the response to COVID-19

% of respondents; percentages may not total 100 due to rounding

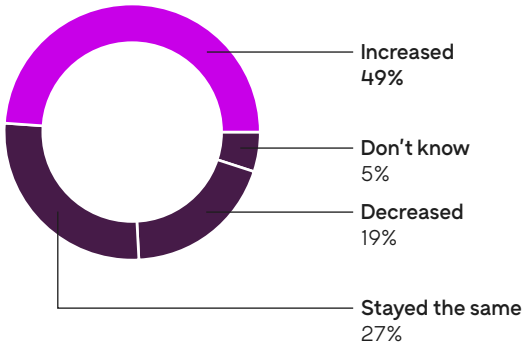


**Version 2: emphasised focus on 'Increased' data**

- ✓ 'Doughnut' shape
- ✓ Each segment contrasts with white background
- ✓ Segments are separated with whitespace
- ✓ Labels and data outside of the segments
- ✓ Emphasised segment contrasts with others

Figure 1: The role of improvement tools, methods, approaches and mindsets increased during the response to COVID-19

% of respondents; percentages may not total 100 due to rounding

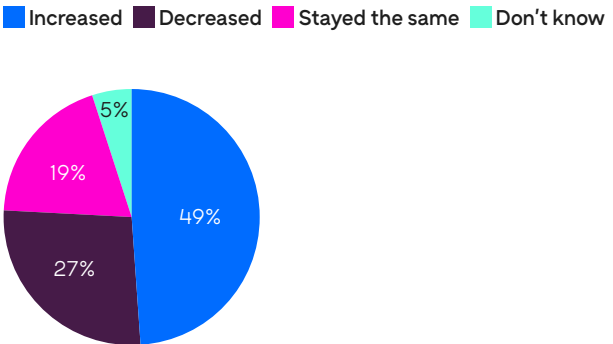


**What not to do**

- ✗ 'Pie' shape
- ✗ Neon teal fails contrast against white background
- ✗ Segments are not separated
- ✗ Segments rely on a colour-coded legend
- ✗ Data inside of neon pink segment fails contrast
- ✗ Data is hard to fit inside small segments

Figure 1: The role of improvement tools, methods, approaches and mindsets increased during the response to COVID-19

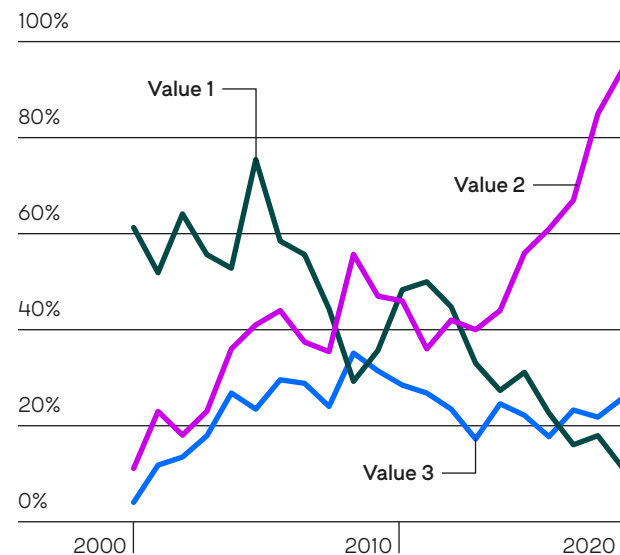
% of respondents; percentages may not total 100 due to rounding



# Data visualisation examples: line charts

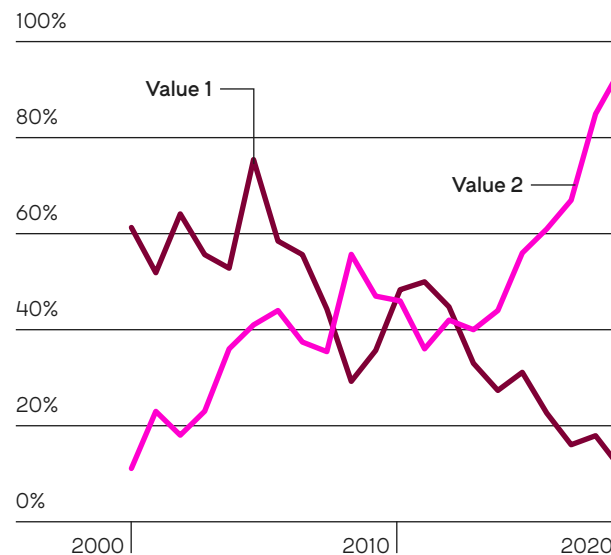
## Version 1: equal weighting of data

- ✓ Each line contrasts with white background
- ✓ Labels connected to line



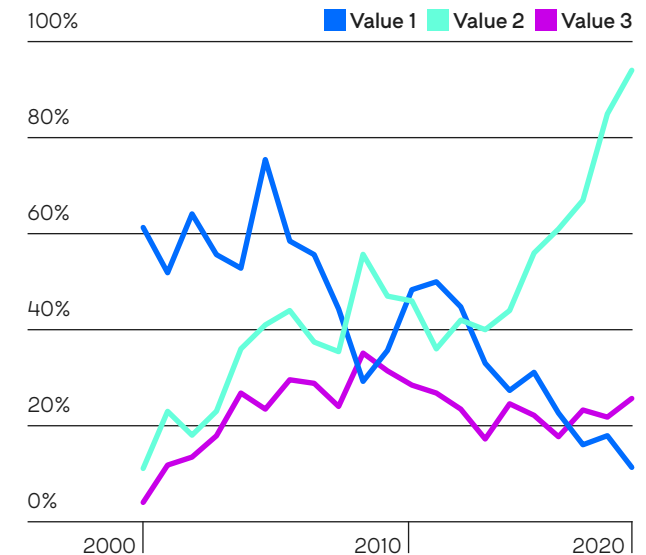
## Version 2: emphasised focus on 'Value 2' data

- ✓ Each line contrasts with white background
- ✓ Labels connected to line
- ✓ Emphasised line contrasts with other



## What not to do

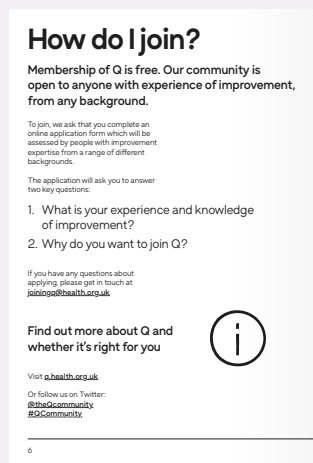
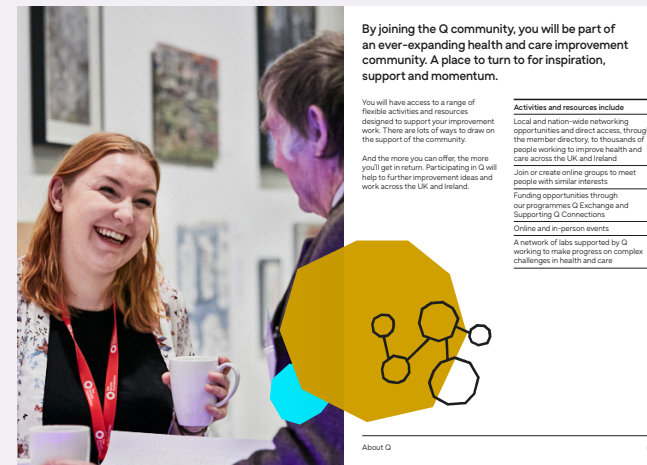
- ✗ Neon teal fails contrast against white background
- ✗ Lines rely on a colour-coded legend



# Document design pacing example: A5 document

Maintaining pace and variety in our communications is crucial for keeping the reader engaged. Use a mix of layouts, including single- and multi-column pages, to create visual interest.

Full-bleed photos add impact, while restrained use of the graphic polygon and icon elements add visual interest without overwhelming the reader.





# Document design pacing

## example: slideshow

The occasional grey background helps break up sections or highlights key information; we never set an entire document on grey.

Limit the use of graphic elements to avoid overwhelming the reader – **it's OK to sometimes just have a page of text**. See the guidance around usage of polygon shapes on [page 30](#).

**Moving past backlogs: how can a focus on data help to ensure equitable access to services?**

Emerging Insights (part 2)  
September 2022

led by  

**The Health Foundation**

supported by  

**NIHR**  
 National Institute for Health Research

# Contents

1. About the project
2. **What we've heard so far:** how can we continue to make progress on inequalities with a focus on data?
3. **Theme 4:** Acknowledge the opportunities for progress ahead of 'what is probably going to be one of our worst, worst winters'
4. **Theme 5:** Recognise your position and work with others to fill in any gaps in expertise
5. **Theme 6:** Take a collaborative and systematic improvement approach to drive change
7. Next steps

---

Hosting post-lecture | September 2022

# About the project

This project builds on learning from our previous insight project.

We are using action learning to provide members with an opportunity to explore live challenges and issues with a group of peers in a safe space, while also sharing their insights and learning with others.

We want to create a space to help people have difficult conversations and think differently about the challenges and what's needed to address them to progress this work. We know that this space has been invaluable for participants, but it can be hard to make time for it.

This deck is the second instalment of emerging insights and learning from G's insight project. Moving past backlogs: how can a focus on data help to ensure equitable access to services? The first was published in August 2022.

**The project started in June 2022 and will finish in October 2022. We'll publish a final output in early 2023.**

Viewing past backlogs

September 2022

3

## Timeline

June	July	August	September	October
Introductory session (both cohorts)	Action learning session 1 (cohort 1)	Action learning session 2 (cohort 1)	Action learning session 3 (cohort 1)	Action learning session 4 (cohort 1)
	Action learning session 1 (cohort 2)	Action learning session 2 (cohort 2)	Action learning session 3 (cohort 2)	Action learning session 4 (cohort 2)

**16 participants, 2 cohorts**

Planning and learning

September 2022

## Who are our participants?

We are working with 14 Q members, in two cohorts. The participants are currently involved in live projects using data to address different inequalities and challenges around waiting times for care.



We are working on this project with 14 members of Q, split into two cohorts



The project ran from June to October 2023, with a final report to be published in early 2023

### The projects they are involved in include:


- Working at national, regional or organisational level to work more collaboratively and systematically to improve data-driven decision making on shared priorities related to inequalities and reducing waiting time.
- Working with community and voluntary sector organisations to design and implement interventions to reduce inequalities in outcomes and experiences of care.
- Improvement projects in specific services to reduce inequalities in access, including cancer screening, eating disorder services, maternity services, ophthalmology and diabetes services.
- A public health programme to improve health and wellbeing by addressing fuel poverty and housing quality.
- Undertaking data analysis to improve understanding of inequalities and to support service improvements.

Health and Safety | [Privacy Policy](#) | [Terms and Conditions](#) | [Contact Us](#)

© 2023 NHS Digital. All rights reserved.

# How can we continue to make progress on inequalities with a focus on data?

What we've heard so far



4

## Acknowledge the opportunities for progress ahead of "what is probably going to be one of our worst, worst winters"

Our previous statements highlighted a sense of optimism and change in the way people think and act to address uncertainty. This energy is fundamental to innovation and resilience. It's important to understand some of the challenges we're facing as well as the opportunities. Looking back, winter, many people would find it hard to see the opportunity, the "best-case scenario," with increased service demands, a stretched workforce, budget pressures and operational, political and revenue changes.

"It's the perfect storm with a lot of things hitting at once"

In our email sample of 2 members, we are seeing energy, commitment and desire to do more than what we've been asked to do. The energy is what is going to make us resilient. It's going to help us to find the solutions in the darkest corner.

The executive collaboration... a team is more than the sum of its parts. Teams can quickly be formed, change in size and disappear... uncertainty, job insecurity and differentials (macro, micro and meso)... affecting the motivation of the individual"

People willing to address inequalities will need to identify opportunities to make change and try different things to address long-standing issues, despite the presumed context.

Moving past bottlenecks

September 2022

7

## 5 Recognise your position and work with others to fill in any gaps in expertise

For many of our participants, they are doing work that is new to them, even as they bring to the table different expertise and to manage different people. This presents both an opportunity and a challenge, and our participants have different levels of comfort with this.

We've heard about feelings of uncertainty and unfamiliarity when there is a lack of expertise or knowledge. Participants also conveyed a sense of responsibility for the uncertainty, being at a loss as to what people should make decisions about that to priorities, or which work to stop or end.

"Figuring out my role and speaking another language... this is an opportunity and a challenge"

"That element of co-production seems to really fit front and centre whereas that's going and maintaining trust or whether that's the need for people to explain and meet the needs of people acrossing them?"

A remedy is to find others. While this can be a double-edged sword, it's important to seek out others who have lived experience and potentially have some similarity, and work together in new or expanded ways.

To work well together, people doing the best need to acknowledge their own position and expertise and be networks to explore the experience, expectations and assumptions of others. Learning and applying the dilution of communication, facilitation, listeners of communication and co-design is also important.

Planning and Intending September 2022

6

## Take a collaborative and systematic improvement approach to drive change

Many of our participants were working at a local or regional level inside or outside collaboration, share their experience, and bring priorities and outcomes. But establishing a new way of work, does change take time and there is organizational and team level to not only change but also to sustain.

This is especially true when working at a distance from first-hand and when the feedback has limited influence over how change can be implemented or rolled out.

Overcoming historic cultures, ways of working, practices, and a lack of infrastructure for sharing data are "speed bumps" that slow progress.

**This means our participants are currently focused on:**

- Communicating about the work and creating channels for feedback. It is vital to stay open while people are figuring out why and then create opportunities for feedback to stick
- Ensuring people who share people want and need, and they live outside of a long mind.
- Engaging people to reduce skepticism and perspectives to make change together. This means building space for people to systematically connect with each other and to learn from the work, and not work in a more systematic way.

**You often think you're doing the right thing in the right way – but the perception and translation is a [misread]... people come at things from different perspectives and you think you are doing the right thing and taking the right approach, then you just get a complete curveball**

**It's your link between data and action. It doesn't have to be negative but if you don't get across the data, it's hard to know what action you should take and direction you should go in?**

Working with doctors

September 2022


6

## Next steps

When the project concludes in October 2022, we will consolidate the findings and stories of participants into a final output. This will be published in early 2023.

Has this report resonated with you?  
Do you have any challenges to what we've shared?

Email us and share your thoughts at [ps@health.org.uk](mailto:ps@health.org.uk)

A woman in a grey blazer is gesturing with her right hand while talking to a man in a blue shirt. They are sitting at a table with a yellow drink, a glass of water, and some papers. In the background, another person is visible. The scene is set in a bright, modern environment with large windows.

# Thank you

Q is led by the Health Foundation and supported by partners across the UK and Ireland

**Participants**

Ju Phillips  
Sairi Carlebach  
Nozine Menzies  
Clifford Michael  
Jillian Owens  
Chris Pavlakis  
Naj Stafford  
Shereen Nabhani Gebara  
Eimhe Mullin  
Ellen Coughlan  
Edmund Glynn  
Daniel Hardy  
Nicola Balingall

**Thanks to our facilitators from the Action Learning Centre**

Fiona Scrase  
Janie Wilson

**Sketchnotes**

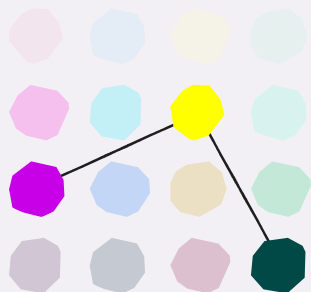
Mandy Johnson at  
Sketchnotes UK

**Editorial support**

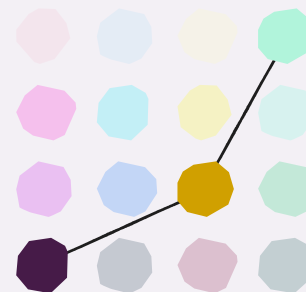
Jessica Shively

8 Salisbury Square  
London EC4V 3AP  
T +44 (0)20 7664 6661  
E [q@health.org.uk](mailto:q@health.org.uk)  
[theqCommunity.org.uk](http://theqCommunity.org.uk)

# Application examples: social media images



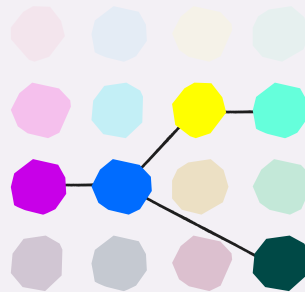
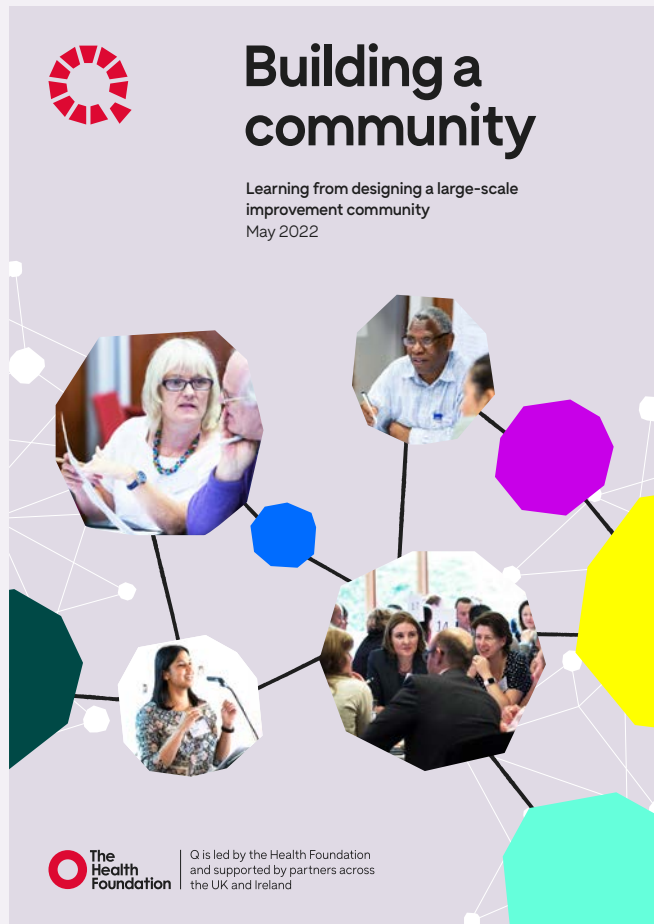
Colours come from across the palette, with no connection to the image. The energy of the call to action reflected in the use of neon yellow and engaging photography.



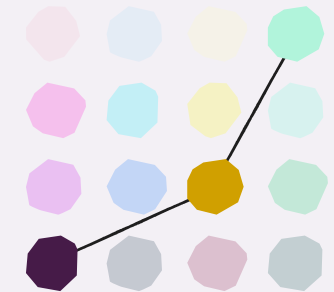
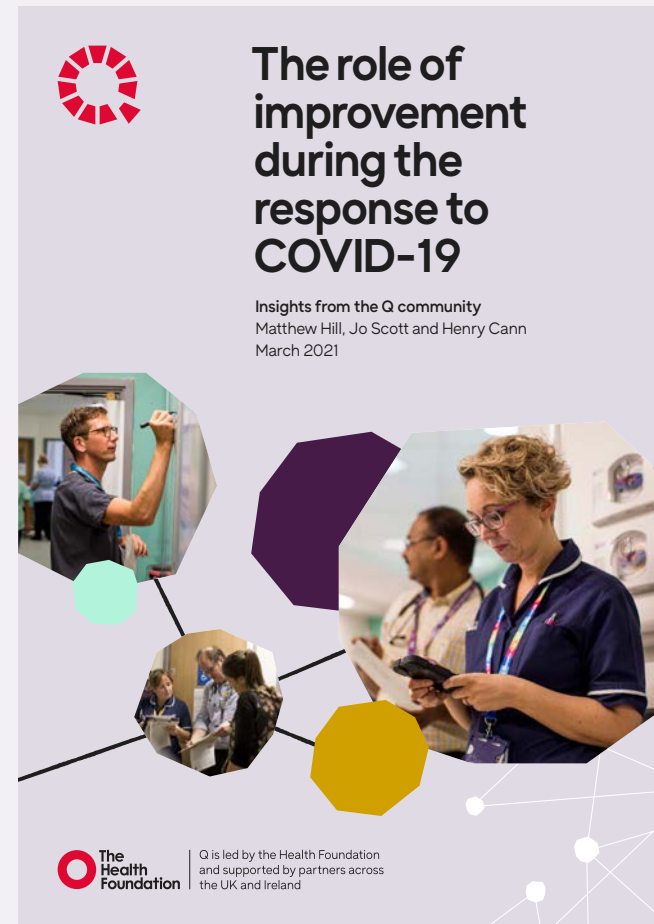
Colours are again taken from three different columns, but this time using hues that are harmonious with the photography and using a pastel (rather than neon) for the light tone.



# Application examples: A4 reports



Despite using more colours, the report cover to the left sticks to the rule of not mixing neons and pastels, and doesn't take more than two tones from one column.

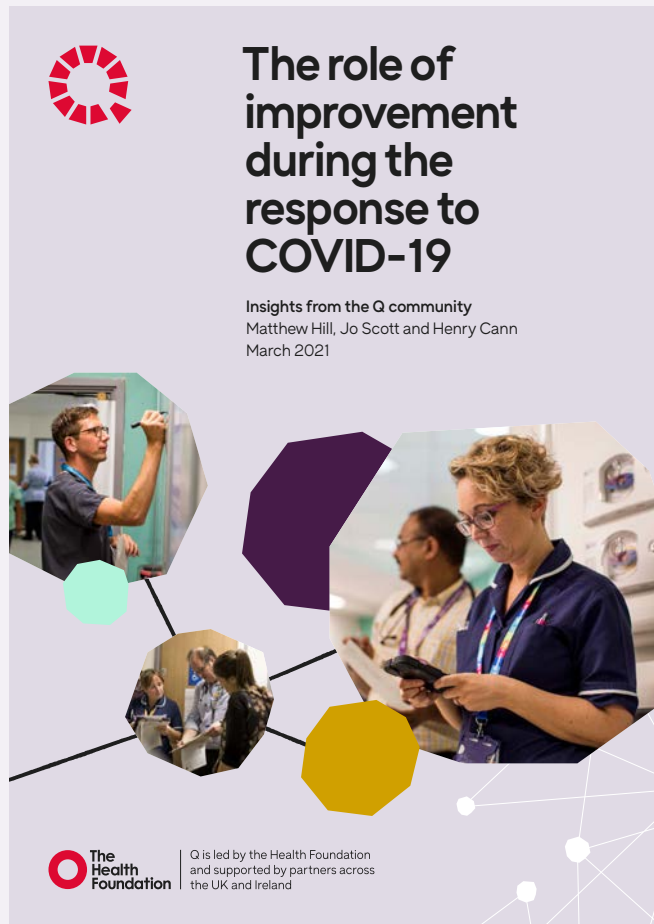


The cover for the report highlighted in the social media post on the previous page uses the same palette and main image, plus supplemental photos and the black connecting line.

# Application examples: insights report

Interior spreads continue the use of headline font, polygon shapes, network graphic and black line illustration.

This is supplemented with data visualisation and a serif typeface for long-form body text.



## Findings and analysis

This section summarises what we heard from respondents about the role of improvement during the initial response to the pandemic, how it was used, and the key enablers and barriers.

### Key findings



Improvement played an important role for respondents during COVID-19



Improvement took a distinct form in response to the crisis context, providing a profound opportunity to learn for the future.



Improvement played a more important, valuable, and strategic role during COVID-19 in organisations that had a well-developed approach to improvement pre-pandemic

8

# 1

### The role of improvement

Our survey analysis found that half (51%) of respondents felt that improvement had been very important in health and care generally during covid-19, with 82% feeling it had been moderately or very important.

Figure 1 shows that more respondents said that the role of improvement had increased during the response to covid-19 than said it had decreased or stayed the same.

#### Interview responses

The interviews revealed the variation in experiences this encompasses, which is influenced by the individual's role and the context within which they were operating. The interviews showed that when existing improvement activity (strategic improvement programmes, projects and training) stopped so that resource could be redirected to different aspects of the pandemic response, many improvement staff were redeployed or reallocated.

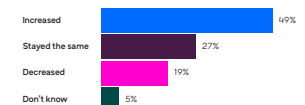
For some, this meant they lost key 'improvement allies' across the organisation to support their activity; and importantly, it was perceived to send a message that improvement wasn't important:

"When COVID hit, they said, 'QI stop, everything stop.' There's a little bit of that at board level where you just think QI is seen as a sort of luxury where we can put a few people in post to say we're doing it. It's a luxury that can be stopped if there's something more important, which strikes me that therefore we haven't got complete buy-in."

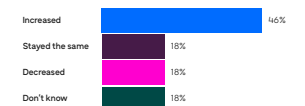
Interviewee

Figure 1: Did the role of improvement tools, methods, approaches and mindsets increase or decrease during the response to COVID-19?  
% of respondents; percentages may not total 100 due to rounding

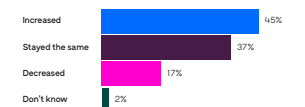
#### In my organisation



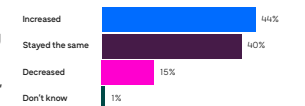
#### In the health/care sector



#### In my team



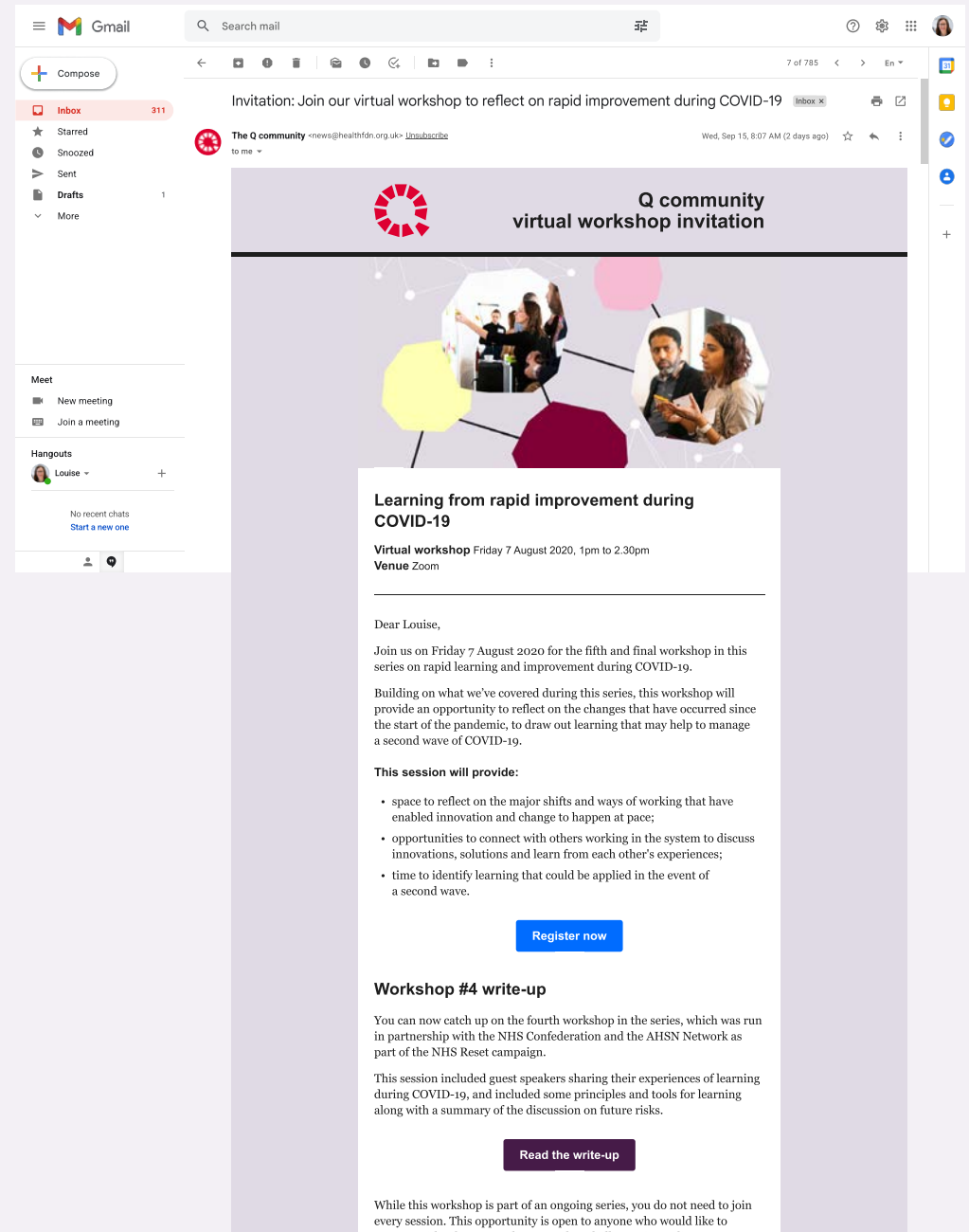
#### In my work



The role of improvement during the response to COVID-19: insights from the Q community

9

# Application examples: workshop email invitation and presentation



# Application examples: exhibition materials



# Video content: title screen



## Heading lorem ipsum dolor sit amet consectetur

Sub-heading lorem ipsum dolor sit amet, consectetur  
adipiscing elit egestas luctus lectus dignissim



## Heading lorem ipsum dolor sit amet consectetur

**Name Surname, AB, CDE**

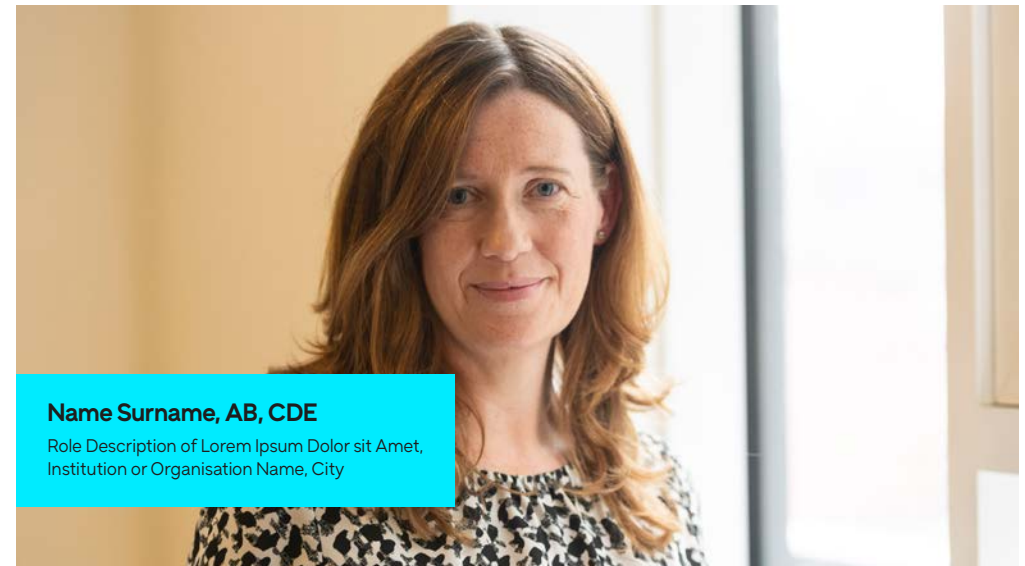
Role Description of Lorem Ipsum Dolor sit Amet,  
Institution or Organisation Name, City



# Video content: profile captions

Profile/interview captions can follow any of the combinations of graphic colour plus black or white text found on [page 27](#).

For dialogue it is best to use the native closed captioning function of the video player. This allows text to be readable at all screen sizes and much easier to translate for non-English speaking audiences.



# Video content: interstitial screens







For all questions about these  
guidelines please contact  
the Q communications team:  
**Qcomms@health.org.uk**

8 Salisbury Square  
London EC4Y 8AP

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

@theQCommunity  
[q.health.org.uk](http://q.health.org.uk)

