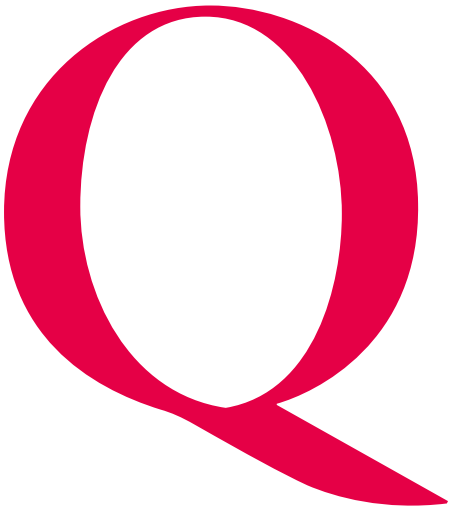
The Health Foundation

NHS England

A proposed operating model for Q

Shaped by the founding cohort and other experts and stakeholders

January 2016



A connected community working together to improve health and care across the UK

If this succeeds, the NHS in the UK will be leading the world in creating, at national scale, system-wide capacities for improvement. This is an appropriate, indeed thrilling, next step for an NHS that already has a heritage of sound investments and a proven track record in quality improvement.

Professor Don Berwick
President Emeritus and Senior Fellow
Institute for Healthcare

Our belief is that health care would improve faster if more people had quality improvement skills to help them make the changes they see are needed. Through Q, our vision is to significantly increase the 'dosage' and use of quality improvement expertise in the health and care sector. Q is an initiative to identify and link individuals from all parts of the UK with this expertise, and through peer networking and opportunities to develop their skills, to help increase the amount of improvement in quality of care for patients at a time when it is very much needed. It is a unique initiative and we are proud to be a founder.

Dr Jennifer Dixon
Chief Executive
The Health Foundation

We have, through Q, a unique and precious opportunity to set the nations' ambition to become a learning environment to improve our health and care. This will create the momentum in which we can truly develop the conditions for success and investment in the future of improvement.

Dr Mike Durkin
Director of Patient Safety
NHS England

Contents

Large scale involvement in designing Q

Initial market research

+ Depth interviews (n=58)
+ Online survey (n=280)
+ 2 x workshops (n=60)

300+ engaged in 2014

+ Regional and National improvement stakeholders
+ Improvement leaders and experts
+ Organisations outside the NHS

49 organisations involved in nominating people

+ Regional organisations (England, Scotland, Northern Ireland and Wales)
+ National Government organisations
+ Royal colleges
+ Patient organisations

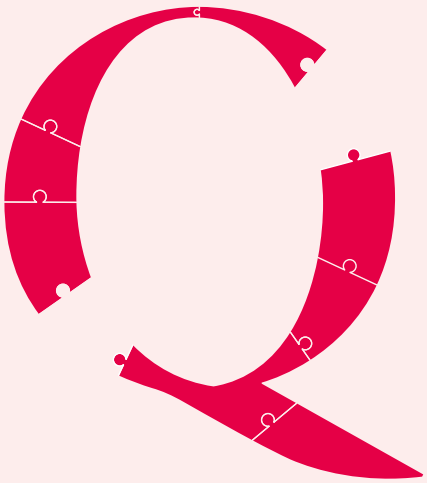


Figure 1: Who has been involved to date

Diverse founding cohort of 231 recruited

+ Front line staff
+ Managers
+ 'Patient leaders'
+ Researchers
+ Policymakers

from a range of organisations

+ Acute providers
+ National and Government organisations
+ Integrated care providers
+ Primary care
+ Community providers
+ Commissioning organisations
+ Mental health providers
+ Ambulance trusts

Involved in a large scale collaborative design process

+ 3 x 2 day intensive design events
+ Input from national and international experts
+ 10 volunteer groups looking at specific elements of Q
+ Feedback from other stakeholders

Major independent, yet embedded evaluation

+ Online survey (n=210 members) (n=30 nominating organisations)
+ Interviews (n=48 members)
+ Focus groups (n=11)
+ Social network analysis

Attracting interest from wider stakeholders

+ Registered for updates (n=1200)
+ #theqinitiative (n tweets ≈>2000) (n reach ≈>350,000) (n contributors ≈>500)

Introduction

The UK's health and care system is facing unprecedented financial pressures while responding to growing demand from an ageing population. There is a pressing need to improve the quality of care. This needs sustained action across the different domains of quality: safety and effectiveness, efficiency, equity, person-centredness and timeliness[1]. It requires skillfully executed, incremental improvements to the many thousands of individual health services running every day across the UK. It also requires change that spans and transforms organisations and looks well beyond the NHS to related services and the wider determinants of health.

The challenges are formidable. Is there more that could be done to ensure that the people charged with improving health and care have easy access to the best available ideas and skills to bring about change?

Improvement is happening in pockets around the UK but a better connected approach is urgently needed to enable the scale of transformation required. Too often problems are solved one team at a time, without easy ways to tap into support and advice from those who have already been there. Great ideas spread painfully slowly.

This document sets out future plans for Q, a new initiative that helps to address these challenges.

Q connects people with commitment, experience and understanding of improvement across the UK. Led by the Health Foundation and supported and co-funded by NHS England, Q makes it easier for people leading improvement to share ideas, enhance their skills and make changes that bring tangible benefits to health and care.

A founding cohort of 231 people, including people at the frontline of care, managers, researchers, 'patient leaders' and policy makers, came together during 2015 to design Q.

This document makes recommendations for the long-term future of Q based on their extensive input, ideas and enthusiasm. It is arguably the largest co-design process ever undertaken in health and care improvement.

Q is a community of people with commitment, experience and understanding of improvement across the UK. There are currently 231 members of the community and we hope this number to grow to thousands over coming years[2].

Q also refers to the activities and infrastructure being putting in place for the community: designed to support and further develop those involved so they can individually and collectively have greater impact on the quality of health and care.

Q will continue to evolve in response to what we learn from others both within Q and beyond. If you have views on the proposed operating model for Q that you would like to share, please email Q@health.org.uk by Friday 12 February 2016.

Q: an overview

What and who is Q

Q is a diverse and growing community of people with experience and understanding of improvement who are committed to working collaboratively to improve the quality of health and health and care across the UK.

Over time, Q will grow to be a community of thousands of people including people at the frontline of care, managers, researchers, 'patient leaders'[3], policy makers and others. Further members will be selected from summer 2016.

Q aims to complement other networks providing long-term reach across all four nations, with, in time, increasing international links.

By working together, those who join Q are supported to be more effective in their own improvement work and to make more of a difference on shared quality issues. Future and existing members of Q will both draw from and actively contribute to the learning, activities and resources available to the community.

These will include:

+ regional and national events to support face-to-face collaboration and learning
+ ways to connect, share ideas and resources and collaborate with others online
+ opportunities for peer-to-peer learning for example through exchanges and study visits
+ opportunities to mobilise around areas of common interest, including those taking action on system-wide challenges and improvement issues through 'improvement labs'.

This is a chance to change the story. The challenges we face are common; they are the same problems and barriers. There will be people within the community who have solved some of these, and we need to get much better at learning from that…

Q member and Director of Quality
North east England

Q stands for Quality, as defined by the Institute of Medicine: safety, effectiveness, person-centredness, timeliness, efficiency and equity.[1]

Improvement in the context of Q means any structured approach to making things better. This includes, but is broader than, 'Quality Improvement' methodologies.

Through Q I am now connected to many other people who are passionate about quality improvement [...]. This has given me a 'home' for my QI [quality improvement] work and has had a big impact on my resilience. QI in General Practice can be lonely and I see huge potential for Q to link GPs much more closely to the knowledge and resources that are already available within the NHS.

Q member and General Practitioner
North west of England

How Q will help health and care

As well as supporting the improvement work of individual members, Q will help accelerate improvement system wide. Distributed across every part of the UK, members of Q will be well placed to be local connecters and supporters for the tens of thousands of people who have some involvement in improvement work.

Both individuals and existing initiatives and networks will be able to rely on the long-term infrastructure developed as part of Q, for example as a way of finding people doing work on particular topics.

Q will provide new opportunities for innovating and spreading improvement across boundaries. Members will be able to take part in the work of improvement labs (shared design and collaborative spaces that will be scoped in detail during 2016). Labs will pool insight from the members and their contacts, using this as the starting point to make progress on significant shared challenges.

Q will surface insight from people who understand improvement from all levels of the system to support more sustainable and successful policy making and leadership in health and care.

Q aims over time to influence policy and organisational conditions within which improvement takes place, so that they better encourage and support this work. It will help to increase the capacity and capability for improvement (for example the number of people with knowledge, skills, time and resource) within the health and care system.

A large majority of Q founding members spend extra unpaid time on improvement work every week, and just 48 percent say they find it easy to access the information and resources they need to make improvements to care.[4] Above all, it is hoped that Q will offer these busy people a place to turn to for inspiration, practical ideas and support.

See appendix 1 for an overview of the 'theory of change' that underpins Q.

Q business model canvas

What are the aims of Q?

Q aims to contribute to wide-spread and sustainable improvement in health and care across the UK

Why Q? Why now?

Q emerged from a recommendation of the 2013 Berwick report.

In the face of widespread and complex challenges, we urgently need to enhance the 'bottom up' capacity of the health and care system to identify and respond to new ideas. We need to pool knowledge and expertise to tackle stubborn system challenges.

Creating a highly diverse community will encourage innovation and help develop solutions that have the buy in of different groups.

Providing long term support for people with improvement expertise makes the most of the investment already made in training people. It provides an inclusive platform for wider capability building.

The design of Q has been informed by the real-world experience of people doing improvement. This recognises improvement is often peripheral, fragmented and invisible and the context turbulent.

What the community will be doing

Connecting and profile raising

+ Making it easy to find people and work via an online directory
+ Regional and national events and online enabling infrastructure
+ Communications activities to promote the work of the community

Enabling learning

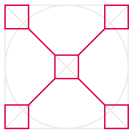
+ Peer to peer learning activities
+ Easier access to online learning resources
+ Learning from experts and recognised sources
+ Opportunities to share ideas and resources

Enabling improvement in action

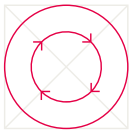
+ Groups self-organising around topics of common interest
+ Improvement labs to tackle stubborn system challenges
+ Opportunities to contribute to improvement work in the wider system

Insight and influencing

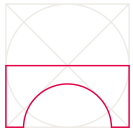
+ Surfacing ideas and insight from the community to support effective policy making and leadership locally and nationally



Connecting

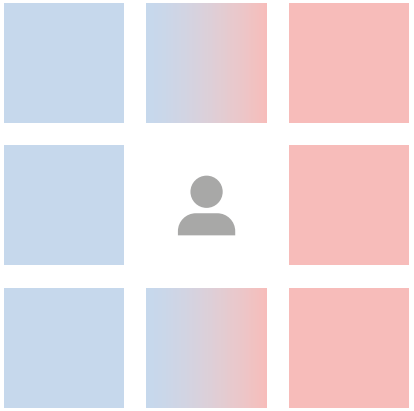


Mobilising



Supporting

Developing



How Q will be further developed and assessed

Collaborative design with stakeholders

+ Widespread consultation and intensive co-design work with founding cohort of 231 people
+ Ongoing design work with the community and other experts

Resources and funding

Health Foundation and NHS England funding

+ £2m initial investment for design year
+ Indicative commitment to £2m pa to 2019/20
+ Some activities potential to attract further funding where appropriate
+ Will explore longer term funding model and hosting for Q during 2016

Figure 2: Q Business Model Canvas

This business model canvas framework is used widely by NESTA and others to summarise the key elements of an effective business case for social enterprises.

Q will do this by developing a learning and improvement infrastructure and establishing a connected community of improvers, leading to make quality improvement routine

Q is expected to impact on the conditions, capability and capacity for improvement, enabling more effective, efficient progress on quality challenges

The difference Q can make

Benefits for patients and the UK population:

+ Help ensure services informed by leading practice
+ Support progress on complex problems
+ Continuous improvement in health and care quality

Benefits for members:

+ Enhanced recognition and profile
+ Resources and connections to stay at the forefront of improvement
+ Opportunities to make progress on key priorities
+ Support from the wider community of improvers – a home for improvement

Benefits for employers:

+ Tap into the latest ideas and opportunities from across the UK
+ Visible support for those who coach and lead others
+ Raised organisational profile

Benefits for the wider health and care system

+ Expand and make the most of existing capability and capacity
+ Complement and bridge other initiatives
+ A Platform to tackling stubborn challenges
+ Help build culture and conditions for improvement

Who can join Q and how

Frontline staff, 'patient leaders', managers, researchers, policy makers and others demonstrating:

+ Considered and lived commitment to collaborative improvement. This includes commitment to the ambitions, ways of working and specific requirements of the Q community
+ Experience of playing an influential, leading role in efforts to improve quality across boundaries
+ Ability to articulate and reflect deeply on the approaches used personally and by others involved in improving quality

Selection will be through a one stage online application process, with decisions made by regionally based panels.

The opportunities to apply will be phased.

How Q will complement other work

Many organisations and initiatives with an interest in Q have been identified including:

+ other organisations with influence and responsibility for improvement
+ other improvement networks
+ others delivering improvement events and development.

Q will strengthen and complement existing work by:

+ maintaining knowledge about who is skilled in improvement
+ contributing to improvement capability building
+ providing useful resources and infrastructure
+ making it easier to mobilise around shared challenges.

Ongoing evaluation

+ Major embedded yet independent developmental evaluation of the first year with RAND Europe
+ Ongoing iterative evaluation

Core programme team design, measurement and governance

+ Measurement framework to be developed to assess key elements of the *theory of change*
+ Periodic strategic review with sponsors and members of the community

Stakeholder support

+ Regional organisations, royal colleges and others supported the selection of the first cohort
+ Many organisations supporting and bringing together members of Q outside centrally organised activities
+ Regional funding exploring synergy between Q and local work

Community co-leadership

+ Early evidence of the community self-organising to do work where it aligns with their objectives
+ A range of more explicit roles to be developed for members of Q to contribute to leading the community

Why Q? Why now?

The UK health and care system is facing major challenges, with a requirement to improve services on many different fronts at significant scale and pace.

Centrally designed solutions prove difficult to find and implement because of the different contexts within which change needs to work, and due to the challenges of securing buy-in from the thousands of people whose work and services will be affected.

Enhancing the ability of the system to identify and respond to innovative ideas is critical if the bold changes that the system so urgently needs are to be made.

In recent decades, thousands of people in health and care have been trained in structured approaches to improvement. Creating ways to surface, support, develop, connect and mobilise these people will help to make the most of the skills in the system to accelerate improvement.

As the four nations of the UK continue to promote increased integration of health and social care and the importance of prevention,[6] Q will provide a long-term platform for cross-boundary learning and change.

Where Q comes from

Q was born out of the 2013 Berwick report.[5] The report made the case for a health system devoted to learning and improvement, in the wake of failings of care at Mid Staffordshire Hospitals NHS Trust. It recommended stronger measures to recognise and develop those with improvement expertise.

In parallel, the Health Foundation had been assessing what was needed to enhance improvement capability within the health system. The idea of a mechanism to enable long-term larger-scale engagement with improvement fitted well with feedback received from those leading improvement work at the frontline of care.

If we have a network of people who understand and can help across networks and across regions, then that will be very powerful.

Q member and Director of Education
London

Challenges facing efforts to improve

Through the initial stakeholder engagement and design work for Q during 2015, a deeper appreciation of the challenges facing those working to improve care was developed.

The UK's health and care system is facing its most austere decade since its inception. Improving quality becomes harder and all the more pressing when resources are tight.

While thousands of people are working to improve care locally, they face many barriers. They are often tackling complex system challenges in isolation, unaware of the approaches and ideas others have tried.

Conditions

Locally and nationally, organisational factors inhibit the efficiency and effectiveness of improvement work.

+ Peripheral – There can be limited time, space, resources and support to conduct effective improvement work. Rarely is improvement seen as part of the day job, with 83% of the founding cohort of Q spending one or more hours per week undertaking unpaid quality improvement work.[7]

+ Turbulent – Organisational structures and individuals' employment base can change often, disrupting progress and connections between collaborators.

Capacity

While meaningful progress continues to be made, current improvement capacity falls short of the widespread, systemic challenges facing health and care.

+ Fragmented – Improvement work is often done in pockets of localised activity. Many groups and individuals are working on similar problems, repeating mistakes and reinventing the same solutions.

+ Rate and scale – improvement often happens at a slow pace and/or is not spread or sustained. The Q founding cohort cite a pressing need to build the quality improvement capabilities of frontline teams.[8]

Capability

Many people within the health and care system lack the skills and knowledge to successfully undertake improvement work.[9]

+ Expertise – Many people working in improvement would benefit from further development and connections. Only 60 percent of the founding Q members believe they have all the skills and knowledge needed for the improvement work that they would like to do.

+ Invisible – Improvement work often carries on unseen, and it can be hard to identify potential collaborators and sources of expertise and knowledge. Only 48 percent of founding Q members find it easy to access the information and/or resources they need to improve the quality of care.

The very essence of Q? We are a community of people with shared interests and a common purpose... We have shared problems and shared visions and we can get to shared solutions.

Q member and Strategy Lead
London

How Q will complement other work

Q aims to complement other local, regional and national networks and initiatives, enabling members to make wider connections that will bolster their work and impact.

Members of Q may already belong to other professional networks and initiatives they deeply value. While these existing groups can tend to be focused on a particular profession, geography or time-limited project, Q will be unique for the breadth and diversity of its membership.

Members of Q may choose to start new activities together, and the community will aim to work together to influence system-wide issues affecting improvement. However, Q is principally a support infrastructure. The aim is to make it easier for individuals to achieve their existing improvement objectives, and not to create additional work on top of existing commitments.

Given this remit, there are many other initiatives in the four countries of the UK that could have a potential relationship with work underway as part of Q. This includes the work of other bodies responsible for different aspects of improvement, and other professional and special interest networks, particularly those involved in improvement capability building.[10]

The Health Foundation and NHS England have been engaging regional organisations to understand the potential fit between Q and work in their areas This engagement work will continue in 2016.[11]

Maintaining a directory of who's doing what in improvement

Through an online directory,[12] Q will provide an open and accessible, long-term database of people doing improvement work and their areas of interest. This will make it easier for those responsible for making improvements to find people with relevant expertise and experience who might be able to help them.

Contributing to improvement capability building

Q is helping to further develop what is known about the attributes needed to lead improvement and how to articulate this in a way that is relevant to people from many different backgrounds.

By highlighting who already has improvement expertise, Q will make it easier for those in the system to target improvement capability building efforts to fill the gaps.

The opportunity to join Q in future will be an added draw for people wanting to learn more about leading improvement as part of their career. Having a wider support network available after a taught course strengthens the value proposition of any training, for both individuals and those funding development activities.

Providing useful resources and infrastructure, and focusing on what adds value

Q is investing in creating face-to-face and online mechanisms for people to come together to learn, to share ideas and resources and to collaborate on areas of shared interest. This is being done in a way that will signpost existing platforms and resources where possible.

Q aims to provide a long-term underpinning learning and collaboration infrastructure that other initiatives may choose to rely on, avoiding duplicate investment.

Making it easier to mobilise around shared challenges

Q will make it easier to pool knowledge and energy to make progress on topics of shared interest for members.

As well as providing face-to-face and online opportunities for members to self-organise, labs will be developed as part of Q, providing an additional vehicle for making progress on system challenges, designed to complement existing initiatives.

Seeking to build a more supportive environment for improvement

Q will strengthen the collective voice of those working on different aspects of improving quality at all levels in the system to increase overall impact. Q will shine a light on improvement work currently underway, and what leading organisations are doing to support this work, for example through periodic surveys and communications activities.

By highlighting what can be achieved and the challenges facing those doing improvement, Q aims to, over time, encourage decision makers locally and nationally to make more time and resources available for those doing improvement work.

The difference Q can make[13]

Benefits for patients and the UK population

+ Through Q, people who understand how to make services better are pooling their knowledge and energy, with a focus on achieving practical, measureable improvements in health and care.

+ Q aims to increase the impact of its members, including 'patient leaders'.[14] Q will give those who bring the patient and public perspective greater voice and recognition as equally valued contributors to quality improvement alongside those at the frontline of care, managers, researchers, policy makers and others.

+ Q aims to foster improvement in every part of the health and care system. The ambition is for people who use services to be more confident that the way they are designed and run is informed by leading practice from across the UK.

Benefits for members

+ Members will join a community of diverse individuals, enabling connections that expand and enrich their existing professional networks. Q provides a 'home' to turn to for inspiration and support.

+ Q helps identify and recognise people leading improvement work – increasing their profile locally and nationally.

+ Q provides opportunities for personal and professional growth including being able to learn, share and get advice from a wider network of peers in a way that taught courses are not easily able to provide.

+ Q makes it easier to learn from others' ideas, successes and mistakes to accelerate progress on members' own improvement objectives.

Benefits for employers

+ The Q directory helps employers identify who within their organisation has skills and a passion for improvement.

+ Q will create time-efficient ways for members to draw on the expertise of others to accelerate work on local improvement priorities, ensuring that their organisation is tapping into the best ideas from across the UK and beyond.

+ Q will equip members with skills and resources to enhance their ability to act as leaders, role models and mentors for those they work with to drive improvement.

Benefits for the health and care system

+ Q will help promote improvement within the health and care system, encouraging and supporting a wide range of people to commit to learning the skills needed to effectively lead improvement.

+ By providing a clear picture of who is currently skilled in improvement (and where), it will be easier to target improvement capability building activity.

+ Over time, a platform will be established for people to collaborate across the UK on improvement challenges, making it easier to pool knowledge and energy to enable faster and more sustainable progress on cross-system issues.

Joining Q has connected me with a wide network of skilled improvement enthusiasts with their different knowledge, experiences and ideas. I have already incorporated new ideas from Q into my improvement work which will benefit patients and staff in our Health Board.

Q member and Senior Service Improvement Manager
Wales

What the community will be doing

Designed by those doing improvement work

During the design work with the founding cohort, the focus was on understanding the infrastructure, resources, opportunities and activities that would be most helpful to Q members[15]. What is offered as part of Q needs to meet the needs of a range of different people with diverse experience, understanding and expertise.

Q aims to catalyse the ideas and activities of its members. Therefore, while some of the infrastructure and activities will be managed centrally, in many instances Q is creating spaces for members to self-organise. For this to work, members will need to feel that through Q they are able to make better progress on their core objectives, rather than feeling that the work they do with Q is on top of their day job. Q will need to demonstrate to employers and other influencers that it is a good investment of time for those selected as members and their organisations, so that people are increasingly released and supported to get involved.

Supporting learning and doing, online and face to face

The diagram on page 21 highlights ideas that the founding cohort have said are most important in supporting them in their improvement work. These are the ideas that will be piloted during 2016/17. The resources, activities and opportunities will be iteratively developed over time based on further insight gained as new people join Q.

Over time a range of online and offline infrastructure, activities and resources will be developed that members of Q can choose from and move between to meet their specific objectives. These objectives can be classified as being primarily about learning or doing or both.

I've really liked the organic design of this initiative and I've learnt a lot from the processes to get us here today.

Q member and Head of Service Improvement
South west England

I have learnt more about co-design than I ever thought I would.

Q member and patient representative
London

The range of community activities to be piloted in 2016/17 (both Q initiated and member led)

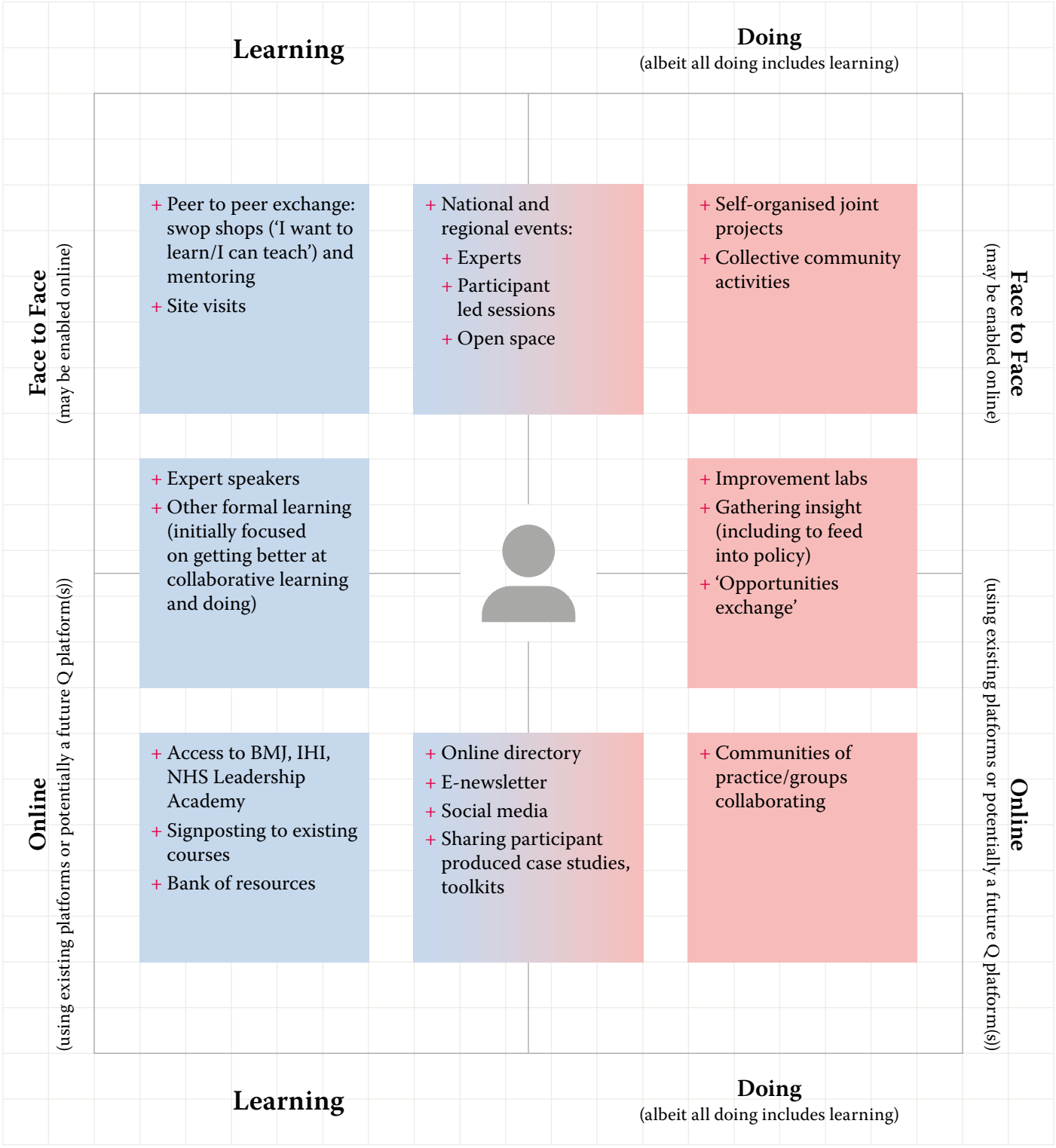


Figure 3: Proposed activities

Connecting and profile raising

The learning and doing improvement activities described in this section need to be underpinned by easy ways to identify and connect with others. This is the first step to encouraging greater curiosity and coordination between people doing similar work.

People will be able to connect through an online directory, national and regional events, and a range of communication activities. These opportunities will inevitably straddle learning and doing and are represented in the central column of figure 3 on page 21.

The regional and national events run as part of Q, are likely to include time spent developing the community and providing opportunities for peer exchange activities, learning and sharing through member-led sessions, as well as masterclasses and expert speakers. The expert input will initially have a particular focus on inspiring and helping people to make the most of the collaborative learning and improvement opportunities available through Q (for example, developing their networking skills and understanding how best to work across professional and geographical boundaries).

Q communication activities

+ A publicly available **online directory** has been established and lists all members of the Q community.
+ A community **e-newsletter** will provide an opportunity for members to showcase and share information on their improvement work.
+ We will use **social media** to promote information about the Q community.
+ Through various **regional and centrally led events**, we will support opportunities for members to network and promote their work.
+ Through **presence at sector conferences**, we will promote Q to employers and others who can help ensure that Q succeeds.

Enabling learning

While there's value in 'expert' input and formal learning resources, many members of the founding cohort say they get most from learning directly from others with first-hand experience. Q will be particularly well placed to support peer learning and collaboration, which will be a primary focus of what is offered initially.

Some of the ideas developed by the founding cohort involve peer-to-peer exchange (for example 'swap shops',[16] exchange visits, member-led mentoring or coaching). These activities need to be flexible enough to be tailored to the particular interests and learning of those taking part, meaning that often they will be smaller scale, localised and member initiated.

The founding members are also interested in ways to share resources such as their own improvement work, case studies and resources. This will take place both online and face to face.

To enable easier access to structured learning and development, uptake of a small number of existing online resources (the IHI Open School, BMJ Quality and NHS Leadership Academy) is being tested. Other 'formal' learning and development activities, resources and opportunities (both on and offline) to meet the diverse needs of members will also be explored in future.

Enabling improvement in action

The Q infrastructure will support members to identify shared improvement challenges (through 'open space' sessions, national and regional events, through the Q directory and online) and then self-organise to develop communities and projects around those challenges.

An 'opportunities exchange' is also being considered. This would allow people who wish to draw on the improvement skills of Q members to post "wanted ads". The opportunity for Q members to respond to these requests appealed to the founding cohort. The practical aspects of this idea need further exploration during 2016.

Q will make it easier to find people working on similar quality improvements, wherever they are in the UK, and create shared spaces for joint work.

Clinical Lead for Medicines
Yorkshire and the Humber

Developing the digital strategy for Q

An online solution for Q needs to be established in a way that meshes intelligently with the overall design and purpose of the community and its face-to-face activities. As can be seen from figure 4, founding members of Q generally prefer working face to face, though clearly this is not always the best option.

When designing online packages, there can be a tendency to build in functionality that is not utilised. In order to ensure resources are well invested, it is important to fully understand member needs; how these needs are currently being met; and what the real gaps are. Ideas for the online strategy for Q will be piloted in 2016. In the meantime, the online directory and existing social media platforms allow the existing Q members to connect.

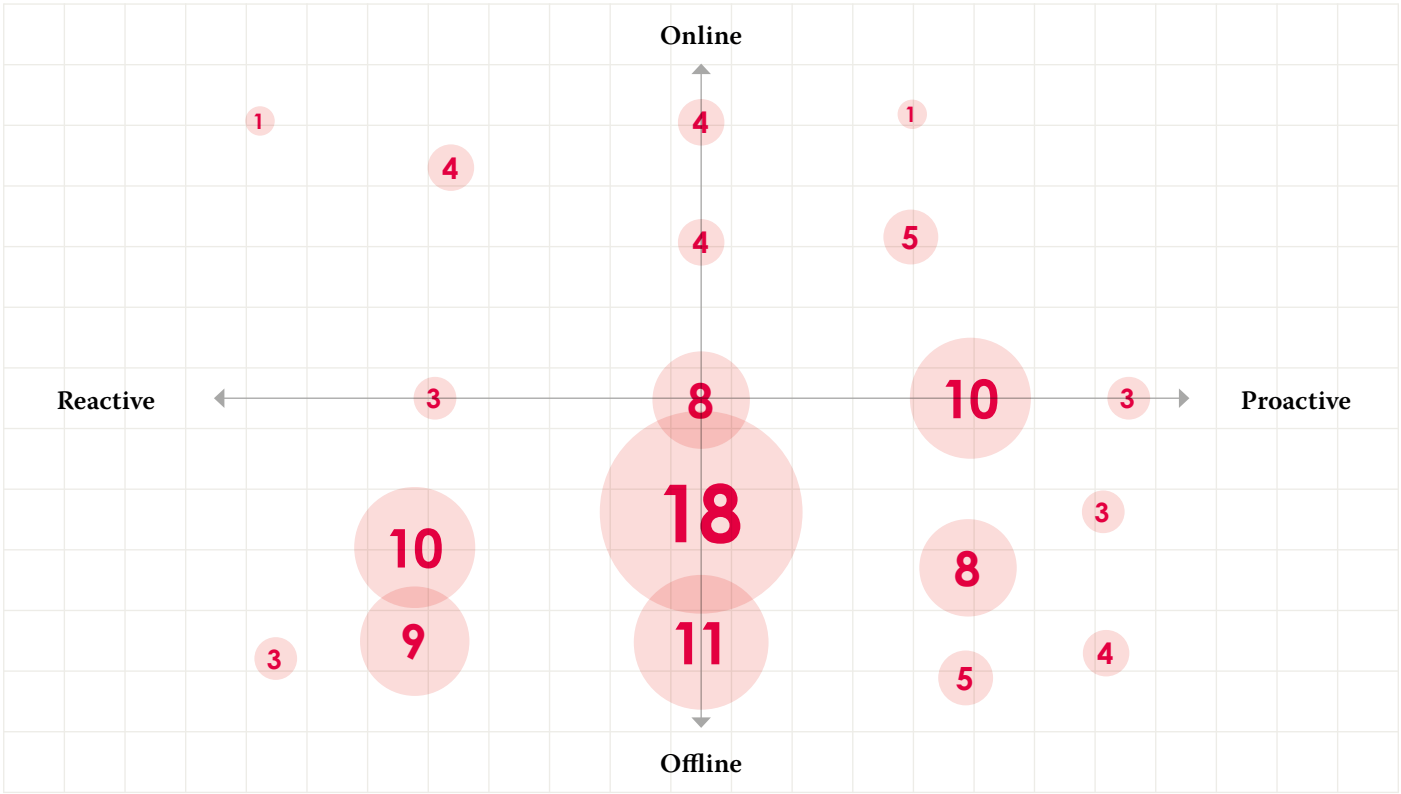


Figure 4: Matrix of preferred communication styles based on survey conducted with 130 members in September 2015

Improvement labs

As well as supporting largely self-organised mobilisation around areas of common interest, we will develop a small number of 'improvement labs' to make progress on system-wide improvement challenges. These are facilitated design and collaboration spaces, each with a small number of dedicated staff, that draw in ideas and energy from the Q community, and beyond, on particular issues.

Labs will develop a way of understanding and tackling problems that draw both on known improvement methodologies[17], and creative practice from labs in the design and social innovation fields.[18] The labs will be designed to get buy-in from many stakeholders throughout the process, to help bridge the well-known 'spread and scale' gap. Labs will take a fresh look at the issue in question, take stock of what's known and spot opportunities for new solutions not currently being tested. This is important because sometimes labs will be addressing complex challenges where 'best practice' may never exist. Labs will work in a highly participative and visible way so that those interested in the issue can contribute to and understand the development journey.

By funding a small number of physical project spaces across the UK to work on specific topics, with opportunities for members of Q to get involved, the intention is to develop a range of methods and skills that members of Q and others may also choose to use in their other work.

A fuller overview of the proposed process for the labs is provided in appendix 2.

What sort of topics might labs address?

Labs will focus on complex problems where members of Q and other stakeholders believe there is benefit in rapidly pooling expertise beyond what individual organisations or existing initiatives are already doing.

Although the specific topics are yet to be decided, at the third design event the founding cohort tested a number of lab methods by working through an example problem: how to reduce the number of hospital admissions from care homes that are not clinically necessary.

This example was chosen as a topic because it represents an area where many ideas are being implemented, but where there is still a big gap in terms of impact. Progress in this area would support both practice and policy priorities. It is a relatively specific 'bounded' and tangible question. However, the problem is also complex, and solving it requires action from different parts and levels of the health system.

Insight and influencing

The design work to date has underlined the importance of Q seeking to create a more supportive context for improvement. The founding cohort said that unless environmental factors are addressed, such as the priority, time and resources afforded to improvement work, the potential of the Q community will be constrained.

As a community that brings together people from all parts of the system, insights from Q members have the potential to enable more effective and grounded formulation and implementation of policy. As part of the next stage of design work, how to surface insights from members on key issues relevant to improvement and how these can be used to influence positive change will be explored.

Depending on the particular issue or opportunity, this might include surveying members to understand their priorities and to get ideas for solutions to a particular challenge. It could also involve bringing Q members and policy makers together to work through issues in workshops.

Feedback suggests that the Q community is committed to supporting wider system change.[19] However, a small number of activities, and appropriate mechanisms need to be chosen, in recognition a of the time constraints of busy people.

What does Q mean to me in my world? It is about breaking down the barriers. Q is the voice of a couple of hundred passionate people… we should use that to influence policy.

Q member and Membership Organisation Programme Director
Scotland

Who can join Q and how

Target audience for selection

Q is intended to attract people that combine a considered and lived commitment to collaborative improvement, with practical understanding and experience of improvement work.

Q is being designed to support a set of people who can have a catalytic role within a much larger group of people involved in improvement at a local level. For a sector the size of health and care, this wider movement might include tens of thousands of people.

An aim of Q is to attract those with the skills and time to act as curators and sharers of knowledge and ideas across boundaries. Q should support and attract those with the passion and outlook to be leaders of collaborative work within the wider system. Q is for the curious; those with sufficient openness and interpersonal skills to benefit from – and contribute to – a highly diverse network.

Where will members come from?

Through the initial stakeholder engagement during 2014 and early 2015, the idea that Q could involve people with improvement understanding and experience from all backgrounds emerged as a unique and valuable factor in its design. The dynamism and creativity of the founding cohort has reinforced the value of bringing together a diverse range of people.[20]

Initially it is likely to be easier to attract people supporting improvement within the NHS, as this is the area where the Health Foundation and the initiative have the strongest profile. However, in order to impact meaningfully on the ultimate goals, the community will need to expand. This may in turn have implications for the selection of members and for the design of Q in the longer term.

My involvement with the project [Q] has been one of the star experiences of the last few years for me. I found being a member of the founding cohort personally enriching and am excited about the opportunities that Q will open up for patients as 'improvement ambassadors'.

Q member with patient perspective to quality improvement
South west England

Attracting and involving people not employed in the NHS

'Patient leaders'

There is strong agreement that the Q community should include people who combine commitment, understanding and experience of improvement with their perspective as a patient or carer or as a leader within an organisation that represents patient and public perspectives. There is much debate about what term best suits this diverse range of people, with no obvious consensus emerging.[21]

The patient/service user perspectives bring unique and essential insights into the health system and constructive challenges to the assumptions of those employed within it. The patient/public voice will help ensure that the community remains focused on what will be of real benefit to people needing health or social care. Insights into the limitations of services mean that they can bring new ideas and ways of addressing problems. The Q community can develop and role model a new level of collaboration between those involved in leading improvement, equally valued, regardless of their formal relationship to the health and care system.

Just as for those employed within the NHS, only a sub-set of all patients, carers or service users who are involved in quality improvement will meet the selection criteria for Q. In parallel to attracting more skilled people who represent the patient's perspective to join Q, we will develop a wider strategy to ensure that we keep the focus of Q on its ultimate goal, which is of delivering better and safer health and social care in the UK. Our approach will include embedding patient stories within Q events and the work of labs. The Q community might also choose to seek to influence the wider system to encourage more effective collaboration with patients and the public, and better development opportunities for patients, carers and service users with expertise in quality improvement.

Attracting, selecting and supporting those from beyond the NHS

Following discussion with a volunteer group of Q members, it is not planned to have a separate set of criteria for those not employed within the NHS. Instead we will ensure that the criteria are expressed in a way that does not exclude people inappropriately. We will encourage applicants to Q to use examples of how they meet the selection criteria, to demonstrate that they have achieved success in quality improvement and can inspire others to do so.

A priority for the next stage of recruitment will be encouraging applications from beyond the NHS. Whether those not employed within NHS and other public sector organisations need additional practical or development support in order to be equal collaborators in Q will also be explored.

Selection process and criteria considerations

Defining the criteria that people need to meet in order to join Q is proving to be one of the most complex aspects of Q to design, with strong and often opposing views and many considerations at play.[22]

The need for accessible but stretching criteria

Q aims to attract and recognise a large number of people from a wide range of backgrounds. Many activities will benefit from having lots of people involved who bring different perspectives.

If overly formal ways of defining what people need to demonstrate are used, it risks excluding people who are leading fantastic work, but who do not recognise the 'QI' improvement terminology that we might default to in our criteria.

When deciding how to select members for Q, consideration needs to be given to what is operationally deliverable and proportionate as a process, given the volume of people targeted.

However, while these reasons provide a strong rationale for a simple and open process, this needs to be balanced with other requirements for a more stretching process and set of criteria.

+ Many of the assumptions about how Q will achieve its goals are predicated on the idea that people who are part of Q have a sound understanding and experience of improvement. Members want to know that their peers in Q have useful insight and experience to share.
+ Diversity of experience is a real strength of the community. However, members need to have sufficient common language and enough understanding of the range of ideas underpinning how to achieve change and make improvements to be able to effectively share perspectives.
+ Evidence would suggest that if people lack a clear plan for how they will achieve their goals, they are much less likely to be reliably successful. There is a strong and growing evidence base for the 'science of improvement'. Setting stretching criteria for Q is one way to encourage people to consider learning more about this science.
+ The selection process should require people to seriously consider why they are joining Q and what they can bring to, and gain from, the community.

Proposed selection criteria

It is planned to condense the requirements for joining Q into three criteria that will be expressed in a way that is stretching but avoids relying on overly technical detail that may put people off or obscure what's really important (see page 32). There will be supporting information to explain what is meant by key phrases within these criteria. A diverse bank of examples to demonstrate the range of ways that people have shown that they meet the criteria will be developed.

Commitment to collaborative improvement

Members should demonstrate that they are committed to the aspirations of the Q community. Applicants will need to show that they have reflected on how they think joining Q will enable them to more effectively improve health and care. This should include ambitions for developing improvement capability and/or collaborating to develop and spread improvement ideas across boundaries. Underpinning this commitment should be curiosity, openness to new ideas, and enthusiasm for learning and sharing with others.

Experience

People will need to describe their experience of improvement work. Applicants will need to demonstrate that they have played a leading or instrumental role in work that went beyond their immediate team. This need not necessarily mean that they were 'in charge' or had formal leadership accountability.

Understanding

Applicants will need to be able to demonstrate sufficient understanding of how to achieve improvement, describing in a thoughtful way what they were seeking to achieve, their plan for going about it and what they learnt from the experience.

For many, this might include reference to specific improvement methodologies or ideas about working with people, and perhaps evidence of impact. Improvement is a very broad field, especially when including approaches used beyond the health and care sector. Recognising this, a wide range of examples of how people believe they are achieving change will be accumulated, rather than trying to define an explicit set of methods people are expected to be familiar with.[23]

Proposed selection criteria

+ Considered and lived commitment to collaborative improvement. This includes commitment to the ambitions, ways of working and specific requirements of the Q community
+ Experience of playing an influential, leading role in efforts to improve quality across boundaries
+ Ability to articulate and reflect deeply on the approaches used personally and by others involved in improving quality

Proposed selection process

Following feedback on initial ideas, it is proposed that entry into Q should require a one-stage application process, using an online system run by the Health Foundation. Anyone who feels that they meet the criteria will be able to apply, but the opportunity to do so will be phased, as detailed in figure 5 on page 33. This will ensure a manageable number of applications to consider at any one time, and that individuals joining Q will have a high quality first contact with the community.

The Health Foundation will work in partnership with national and regional organisations to:

(a) engage people who may be interested in joining Q

(b) help make the decision about who meets the criteria

(c) where possible, follow up with those that do not at that point meet the criteria.

Recognising advanced expertise

The proposed selection criteria and process is intended to suit a community expected ultimately to consist of thousands of members. Within this community, there will inevitably be a wide range of expertise in specific areas. During 2016, appropriate mechanisms will be explored to recognise and celebrate the expertise of those with more advanced understanding and experience of improvement.

Joining Q – strategy for 2016/17

Process

Activities and events promoting Q

Including regional events and events with other organisations

→

Phased online application process

→

Regional decision making – panel and moderation

No cap on numbers: all who meet criteria able to join

→

Welcome and orientation

Q

↑ ↑

Regional liaison and support

Phasing

Phase one (Spring 2015)	Phase two (from Summer 2016)		Phase three (from Autumn 2016)
Founding cohort + cross-section of people doing improvement to help design and test Q + 231 people nominated by 47 organisations	Open to the alumni of **improvement courses**. We will identify a list of eligible UK courses that have the following characteristics: + Substantial study time focused on improvement in health and care related field + competitive selection process including interview + combination of practical application and taught theory	Open to those working for a **national organisation** improving health and care including: + Those who bring patient and/or carer perspective + Those working in local authority, third sector and private organisations + Those working in professional or arms-length national organisations (eg royal colleges, government, regulation, improvement organisations)	Open in rotation to everyone who meets the criteria within a particular **region*** + initial pilot with 2 regions + further waves of 4–6 regions at a time *For the purposes of Q we are using 18 'regions': comprising of Scotland, Northern Ireland and Wales, and the 15 areas covered by England's Academic Health Science Networks

Figure 5: Proposed recruitment strategy

Implementation: how we will build Q

Who will do what as part of Q

Communities like Q require support from a core coordinating team to be effective. They also work best if they are – at least in part – led by their members. The need to balance central control with bottom-up ownership of Q has been explored, recognising that this is a 'design polarity'[24] that will need careful and ongoing management.

The investment from NHS England and the Health Foundation will go further if Q can tap into and align with the work of members and the networks they are already part of. This will also help ensure that Q reflects what is really useful to those doing improvement work. Additionally, it will mean that momentum can be maintained even while the central activities and infrastructure are being set-up.

What is already happening

There is already evidence of people self-organising beyond the activities managed by the central project team. This is despite the challenges that members face in terms of time pressures and other constraints.

Early member initiated activity by the founding cohort

In the first five months, in addition to designing Q, members of the community already reported:

+ **62** had used design methods developed through Q in their local work
+ **58** had connected outside the design events to share knowledge and skills
+ **24** had set up or joined a project group on a shared interest area
+ **77** had used the online learning resources made available through Q
+ **68** had helped organise or attended local or regional Q events
+ **85** had connected with others on social media

Source: anonymous survey at November design event (n=149)

Ways people might contribute

There will be many flexible ways for people to contribute to Q, making the most of the varied passions, talents and available time of those involved. It is expected that the community will be fluid, with some members of Q playing a very active role for a period and then being less intensively involved at times when other work and commitments take priority. This ebb and flow, with an active core and larger group of less active members, is a common feature of networks.[25]

Some baseline commitments all members are expected to make as a condition of joining Q will be articulated. These will include: keeping their directory entry up to date; contributing to the evaluation and insight gathering; and some level of sharing learning at events or online. These baseline expectations will be kept relatively minimal to avoid them becoming a barrier to entry.

Q will only thrive if members are drawn to contributing actively to the activities and objectives of the community. Members will be busy, so they will only choose to do this if they can see how being part of Q enhances their ability to achieve their own development or work objectives.

What individuals do as part of Q will vary. For many, their main involvement might be work that they do locally with other members of the community to build and share learning. Q aims to support the day-to-day work of improvement, even though much of this activity may not be easily detected by the central evaluation and project team.

What members do will be more visible when part of collective community activities. They may host or join site visits, collaborate online or take part in a lab. There will also need to be a small number of members who step forward to help shape and lead centrally coordinated community activities. The support needed for those who enable the work of Q in this more formal way will be explored.

What will happen and when

In 2015, the Health Foundation and NHS England worked with the founding members to co-design Q. Funding for 2016 has now been confirmed, with £2m per annum indicative funding available until 2019.

During 2016, it is anticipated that founding members will continue to self-organise to share ideas and learning, and to build on the connections they made in 2015 through the online directory and social media. Local and regional events, fully or partly funded by Q, encouraged members to meet and connect outside of the design events. These are continuing over the coming months.

There will be further opportunities for face-to-face networking in 2016, and ways to feed members' ideas into broader policy discussions will also be explored.

Communications activity will celebrate the work of Q members and keep them up to date as the initiative develops.

Q members will need to cover expenses associated with attending events.

Major Q milestones in 2016 are likely to include:

Throughout 2016	Piloting and further refining agreed model for Q
	Regionally led events for Q members and others
	Scoping and prototyping improvement labs
	Developing Q's long-term funding and governance model
Spring 2016	RAND Europe publishes its independent evaluation of the first year of Q
Summer 2016	National events for founding members (and potential new members)
	Phased recruitment of new members begins
Autumn 2016	Further national event(s) for Q members
	Recruitment and induction continues for new members
Winter 2016	More fully developed online infrastructure in place

Ongoing design and evaluation

Ongoing iterative development will be critical to the success of Q, to ensure it is impactful and remains relevant and cutting edge. This will be underpinned by:

(a) further design input from members and experts in relevant fields

(b) core programme measurement and governance arrangements

(c) embedded yet independent evaluation.

RAND Europe is undertaking a developmental evaluation of the first year, with the longer-term evaluation to be commissioned in early 2016. In a similar way to the current evaluation, the longer-term evaluation will feed into the ongoing development of Q.

The evaluation will look not just at changes catalysed by Q but for evidence of improvement compared with the status quo and improvements to processes and health outcomes. It will consider how, and to what extent, Q has led to improvements both in activities traditionally viewed as quality improvement methodologies and in ways of improving quality more generally. The evaluation will take into account that although some barriers to improvement are best overcome by Q activities, there are other barriers for which Q activities are not necessarily suitable. It will also examine where Q complements or possibly undercuts other contributors to improving quality.

The evaluation will focus on a number of key characteristics of Q. Based on what the project team has learned to date, these are likely to include, among others:

+ development: how Q contributes to the development of improvement capability and capacity across the UK

+ influence: how Q influences organisational culture, policy and conditions that support improvement

+ mobilisation: the degree to which activities of Q have contributed to improvement in the health and care of people in the UK

+ connectivity: the importance of networks, how they can be supported and the difference they make

+ evidence base: how Q's activities are supported by evidence

+ coherence: how Q fits with wider changes and needs in health and social care.

As well as building iterative feedback loops into the delivery of Q, there will also be more formal checkpoints with stakeholders to assess progress and make decisions about the longer-term strategy for Q.

Appendix 1: Q's theory of change

Q – what we aim to achieve and how

MISSION: to drive sustainable improvement in health and care across the UK

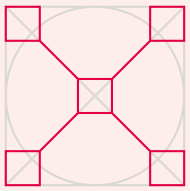
EFFECTIVE INITIATIVE DELIVERY

- A sustainable governance and funding model
- Compelling and recognisable brand and offer to attract participants
- Recruitment of a diverse range of participants to achieve a critical mass
- Clear and widely endorsed charter of participation
- Ongoing co-design, evaluation and feedback

A LEARNING AND IMPROVEMENT INFRASTRUCTURE

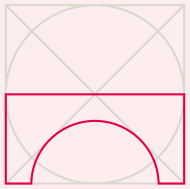
- Activities to enable peer support and leadership to improve contexts
- Opportunities to develop and spread knowledge, skills and expertise
- Systems to enable discovery, visibility, connection, exploration, sharing and collaboration
- Processes and spaces for coordinating, co-developing and spreading improvement

A CONNECTE LEADING TO A IMPROVEM



CONNECTING

Developing flexible, enduring connections within and beyond the community



SUPPORTING

Supporting each other and influencing improvement contexts

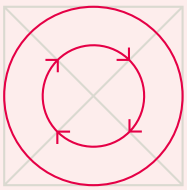
ACTIVITIES AND OUTPUTS

GREATER INFLUENCE OF INITIATIVE

Theory of change

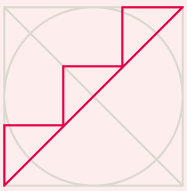
As the design of Q progresses, the theory of what we aim to achieve (and how) will evolve to include more tangible outcomes and a supporting measurement and monitoring framework, becoming a more 'traditional' theory of change.

D COMMUNITY MAKE QUALITY ENT ROUTINE



MOBILISING

Collaborating efficiently to organise, undertake, promote and spread improvement activities



DEVELOPING

Learning individually, together and engaging others in learning

A HEALTH AND CARE SYSTEM DEVOTED TO LEARNING AND IMPROVEMENT

Organisational culture, policy and **CONDITIONS** that enable improvement

Widespread **CAPABILITY** and understanding of improvement

CAPACITY and leadership for improvement at sufficient scale and scope across the system

CONTRIBUTE TO CONTINUOUS AND SUSTAINABLE IMPROVEMENT IN THE HEALTH AND CARE OF ALL PEOPLE IN THE UK

SCOPE OF IMPACT

GREATER INFLUENCE OF ENVIRONMENT

Nov 2015

What Q aims to achieve and how

The design of Q is guided by the broad ambition from the 2013 Berwick report[26] to build a health system devoted to learning and improvement. Since 2014, the project team have collated extensive input from the founding cohort and other experts to develop a framework to describe the activities, outputs and intended impact of Q.

This framework is being referred to as the 'theory of change'. Now in its 10th version, it is being used as the basis for the development of the measurement and evaluation framework for Q.

The current theory of change is arranged to represent five domains.

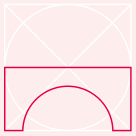
Domains one to three: Q activity and outputs

Effective initiative delivery

Delivering Q includes creating an effective brand, recruiting members and establishing the governance and funding model. The Health Foundation project team will continue to work with members of Q to co-design the activities, systems and processes to enable the work of the community to succeed. The initiative will be independently evaluated to seek insight and continually inform our work.

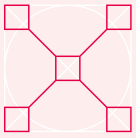
The learning and improvement infrastructure

Q seeks to add value to the community it brings together through four different types of social process: supporting, connecting, mobilising and developing.



Supporting

Members of Q will be able to create peer support networks to share experiences and tactics for dealing with the personal and professional challenges of improvement. The community will also work to create more supportive contexts for improvement, for example by gathering data to influence debates and policy decisions locally and nationally.



Connecting

Members of Q will be able to form diverse, meaningful and long-lasting connections with one another, to share learning and ideas across geographical, professional and institutional boundaries.

Mobilising

Members of Q will be able to work together in coordinated ways to address significant improvement problems for their local contexts and for the broader health and care system.

Developing

Members of Q will be able to work together or individually to develop capacity, capability, knowledge and skills for improvement. They will develop themselves, help each other develop, and be better equipped to develop people in their organisations and in the wider system.

Domains four and five: Q outcomes and scope of impact

A health and care system devoted to learning and improvement

Ultimately, Q will contribute to building a health and care system devoted to learning and improvement. It is expected to have impact on three interrelated aspects of quality improvement:

+ The conditions within which improvement takes place (policy, organisational environments and culture) to better encourage and support improvement work.
+ The capability for improvement – members of Q will continually learn and develop skills, knowledge and connections for themselves and others, so that leadership of improvement becomes more effective.
+ The capacity of improvement expertise – so the size of the community grows to meet the scale of transformation required and there are improvers active in all parts of the system.

Contributing to continuous and sustainable improvement in health and care

Enabling conditions, widespread capability and greater capacity will lead to more improvement work being done more efficiently. This will contribute to higher quality health and care and better outcomes across the UK.

Appendix 2: Prototype process for improvement labs

A first stage concept for the improvement labs is currently being tested with the founding cohort. This is summarised in terms of three key processes:

Understanding:

This involves pooling what is known about a particular problem and combining this coherently to make sense of the problem and to articulate a clearer definition of the key challenges to focus on.

Key activities include:

+ identifying and bringing together people already working on plausible solutions, both virtually and by inviting them into the lab space.

+ pooling data, knowledge and ideas, for example through scanning the research, interviewing those involved in current projects and crowd-sourcing ideas from the Q community

+ deeply understanding and reframing the challenge for example through using design techniques to understand service user needs, or using strategic analysis techniques to segment and critically assess the context, current work and future opportunities.

Testing:

This involves bringing system leaders and influencers together with people leading work on relevant improvement ideas to share data, combine and exchange strategies and run small scale tests of promising solutions.

While no one place may have work underway that is a complete solution to the challenge, by piecing together what's being learnt in many different places, working with those with influence in the system, a convincing solution set may emerge. Gaps in our understanding may also be exposed, so this phase also interweaves idea generation to introduce new ideas and optimise current solutions.

Key activities include:

+ virtual and face-to-face learning cycles with system influencers and those testing improvement ideas in practice

+ identifying gaps and generating new solutions, often with input from fresh sources, such as other industries or disciplines

+ building new links between ideas, people and activity to construct a best available solution set, that reflects the practical wisdom of those doing leading work in the field

Sharing:

This will be a key strand of work throughout, as part of the added value of the labs will come from developing and 'socialising' ideas with those with an interest in the area and in positions of influence that can enable change.

The labs will use a range of innovative ways to bring stakeholders into the process, and then articulate and promote what is being learnt. The outputs from the lab process will vary depending on the issue. The work done during the lab project may be used as the basis for further testing and development work.

Key activities include:

+ inviting stakeholders to come into the lab space, or engage with the outputs virtually, to explore the 'whole solution set'
+ broader dissemination of what has been learnt through the Q community and beyond, through reports, events and other means
+ making recommendations for further work and implementation.

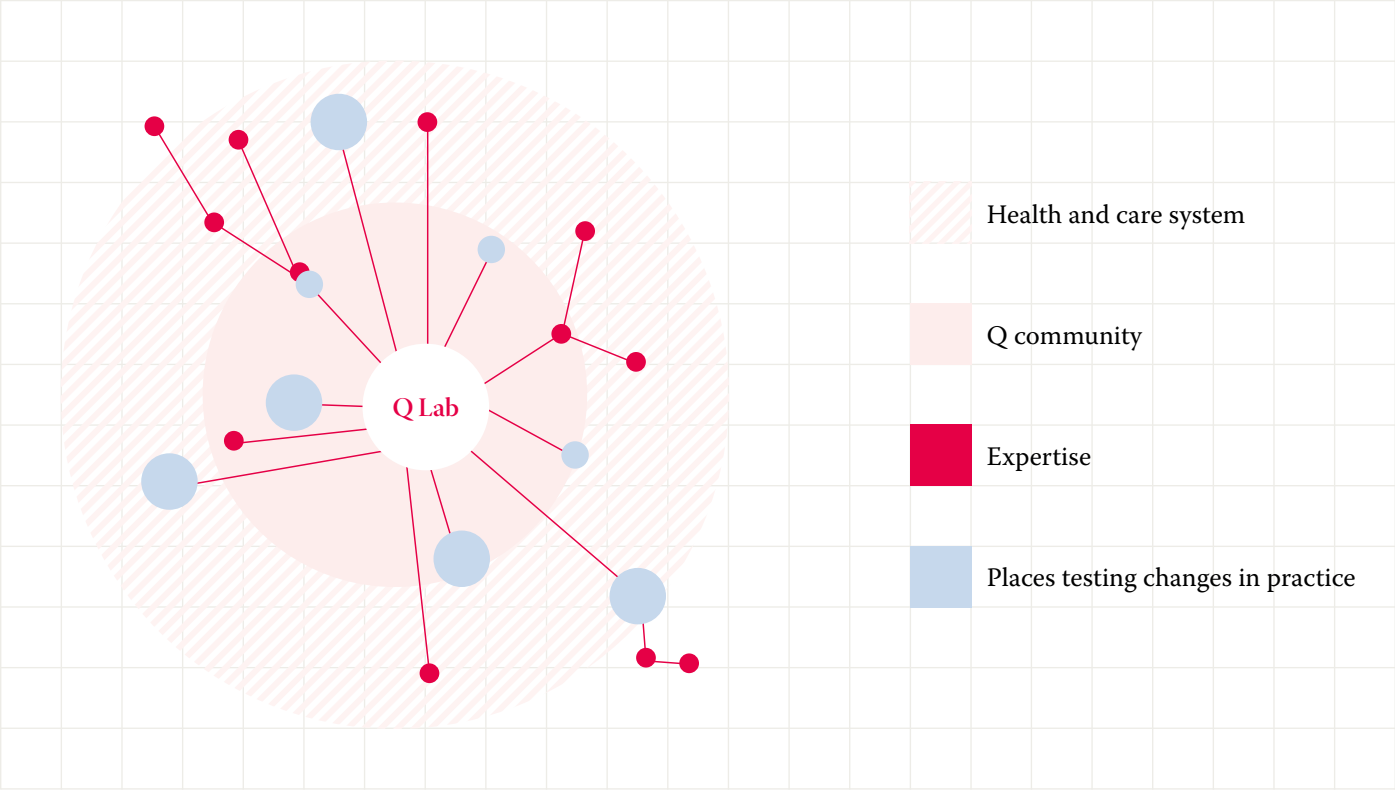


Figure 8: how improvement labs relate to the Q community and wider system

End notes

1 Institute of Medicine (I0M). *Crossing the Quality Chasm: A New Health System for 21st Century*. Washington, DC; National Academy Press, 2001.

2 NHS England and the Health Foundation agreed a shared aspiration to create a community which may have around 5000 members by 2020. There are many factors that will influence the optimum and possible number of members and therefore this figure is indicative of the scale of ambition rather than a target number or cap for recruitment.

3 'Patient leader' in the context of the Q community means people who combine commitment, understanding and experience of improvement with their perspective as a patient or carer or as a leader within an organisation that represents patient and public perspectives. For further information see page 29.

4 As part of the independent evaluation being undertaken by RAND Europe, a participant survey was conducted in June 2015. Anonymised data was synthesised from 210 responses and was presented at the first Q design event. The full evaluation report will be published in Spring 2016.

5 National Advisory Group on the Safety of Patients in England. *A Promise to Learn, a Commitment to Act: Improving the Safety of Patients in England*. London: The Stationery Office, 2013. www.gov.uk/government/publications/berwick-review-into-patient-safety

6 See for example:

NHS England, Care Quality Commission, Health Education England, Monitor, Public Health England, Trust Development Authority. *NHS Five Year Forward View*. London: NHS England, 2014. Available at: www.england.nhs.uk/ourwork/futurenhs/

Department of Health, Social Services and Public Safety. *Quality 2020: a Ten-Year Strategy to Protect and Improve Quality in Health and Social Care in Northern Ireland*. Belfast. 2011. www.dhsspsni.gov.uk/publications/quality-2020-ten-year-strategy-protect-and-improve-quality-health-and-social-care

Welsh Government. *Together for Health – A Five Year Vision for the NHS in Wales*. Welsh Government, 2012. http://bit.ly/1xDZRV6

The Scottish Government. *NHSScotland Quality Strategy – Putting People at the Heart of our NHS*. Edinburgh, The Scottish Government, 2010. www.gov.scot/Resource/Doc/311667/0098354.pdf

7 As part of the independent evaluation being undertaken by RAND Europe, a participant survey was conducted in June 2015. Anonymised data was synthesised from 210 responses and was presented at the first Q design event. The full evaluation report will be published in Spring 2016.

8 As part of one of the design events – members brainstormed their highest priority issues within the improvement landscape.

9 As part of the independent evaluation being undertaken by RAND Europe, a participant survey was conducted in June 2015. Anonymised data was synthesised from 210 responses and was presented at the first Q design event. The full evaluation report will be published in Spring 2016.

10 During 2014, the central team engaged over 300 people, including a range of organisations identified as having a potential interest in Q. Many were asked to nominate members to encourage two-way learning throughout the design process. Members were asked at the first event about other things going on in this space. At the third event more detail was sought on the opportunities, questions and concerns in relation to existing networks, projects, organisations and initiatives. How to ensure Q adds value in the context of the improvement and landscape is emerging as a significant theme in the evaluation focus groups led by RAND Europe.

11 A £20,000 grant has been offered to each of the Academic Health Science Network (AHSN) areas in England and each of the devolved administrations to support work understanding and connecting those doing improvement in their area, and to explore potential synergy between Q and local work.

12 Launched in September 2015, the public facing online directory for Q is hosted on the Health Foundation website and contains details of the founding cohort members. www.health.org.uk/q-directory

13 An initial value proposition was created through consultation with stakeholders and market research during 2014 and early 2015. The articulation of the benefits has been refined over the course of three design events, and work with different volunteer groups. For example, at the first event members reflected on their motivations for joining Q, and what they wanted to learn and get help with. At the second event the collective mission was discussed and members imagined how they would like to interact with Q. There was also a volunteer group of members with a particular interest in enhancing 'patient leadership' within Q. At the third event members explored in more detail what would appeal to individuals within key stakeholder groups and what questions or concerns they might have.

14 See page 29.

15 The design and evaluation work in 2015 explored the members' needs and goals around development, connecting, collaborating and sharing information and knowledge. This was done through various activities at the design events, an online survey and in-depth interviews.

16 'Swap shops' is an idea developed by the founding cohort. It would be coordinated online to enable members to request help from another member in the form of skills, knowledge, data, resources, experience or support.

17 At the third design event, a number of methodologies were identified that are believed to have some similarities and/or useful learning to offer the design of labs. These include for example IHI's 90-day innovation cycle and breakthrough series collaborative approach, and Lean rapid improvement events.

18 See for example the labs researched and documented by Nesta in their i-teams report www.nesta.org.uk/publications/i-teams-teams-and-funds-making-innovation-happen-governments-around-world

19 Influencing the people that can in turn influence the ability of members to do QI work is emerging as a priority for members through the design activities and RAND evaluation.

20 Through the design work to date, a lot has been learnt about people doing improvement work, their priorities, needs and challenges. Initial insight has been synthesised in a document produced after the first event and will be further developed and used for the detailed design and recruitment work planned for 2016.

21 There are many labels used by different groups and with somewhat different emphasis to describe those active in wanting change who have substantial experience as patients or carers or as representing the perspective of patients and carers. Terms include 'lay members or representatives', 'experts through experience', 'system leaders from a patient perspective' and 'community leaders'.

In 2013, National Voices defined patient leaders in 11 different categories. The Centre for Patient Leadership distinguishes two types of leader: Transformers who are system-facing and Enablers who are community facing. National Voices. *Patient Leadership: The Start of a New Conversation*. National Voices, 2013. www.nationalvoices.org.uk/sites/www.nationalvoices.org.uk/files/patient_leadership_briefing_note_0.pdf

22 At the September design event, a breakout group explored the tensions involved in deciding how exclusive Q should be. At events one and two, there were strong views about the proposed selection criteria and process that have been used to inform a revised proposal for discussion at event three.

23 The potential to use the 'habits of improvers' framework will be explored. Lucas B and Nacer H. *The habits of an improver – thinking about learning for improvement in health care*. London: The Health Foundation, 2015. www.health.org.uk/sites/default/files/TheHabitsOfAnImprover.pdf

24 'Polarities' are tensions between different imperatives within a project that cannot simply be resolved but need to be balanced. At the July event, the founding cohort explored the polarity between Q being centrally led and led by the community.

25 The Health Foundation. *Effective Networks for Improvement*. London: The Health Foundation, 2014. www.health.org.uk/sites/default/files/EffectiveNetworksForImprovement.pdf

26 National Advisory Group on the Safety of Patients in England. *A Promise to Learn, a Commitment to Act: Improving the Safety of Patients in England.* London: The Stationery Office, 2013. www.gov.uk/government/publications/berwick-review-into-patient-safety

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