Independent evaluation of the Q Improvement Lab

Invitation to tender, August 2018

Prepared by
Hannah Patel, Q Lab Insight Manager
The Health Foundation
Tel: +44 (0)20 7257 8000
www.health.org.uk

Deadline date: 12 September 2018

Attached documents include
- Tender response form
- Sample contract
1.0 Summary

1.1 The Health Foundation is seeking a provider(s) to undertake an independent, evaluation of the Q Improvement Lab (Q Lab). Following a pilot project which ran between April 2017 and May 2018, the Q Lab will be launching a second project in September 2018, which will bring people together to explore, develop, test and spread ideas that can significantly improve health and care for people in the UK. This evaluation will be assessing the second Lab project.

1.2 The purpose of commissioning this evaluation is to inform the on-going development and future design of the Q Lab, to assess its impact against the outcomes outlined in the Q Lab’s impact model and to understand how and by what means the Lab is best placed to support improvement in health and care.

1.3 As part of the evaluation, the provider will lead on the design of an evaluation framework and approach which uses mixed methods, qualitative and quantitative, to capture necessary data to answer the evaluation questions.

1.4 The evaluation is comprised of two parts. Tenders will be accepted for either one or both parts of the evaluation. Therefore there may be two different providers working on this evaluation.

1.5 The evaluation will be commissioned via an open tendering process. The successful team(s) will be required to start in October 2018 and complete the evaluation over 12 months, reporting all findings by the end of October 2019.

1.6 The provider(s) will produce progress reports throughout the year and a final report by the end of October 2019, both will be used to inform Board level decisions around the future development of the Q Lab.

1.7 We will hold an information call from 13.00 to 14.00 on Tuesday 14 August 2018 offering applicants the opportunity to hear more about the Q Lab and its evaluation, and ask questions to clarify understanding.

1.8 We anticipate bids up to a maximum of £90,000 (inclusive of VAT and expenses) for both parts of the evaluation. If applying for only one part of the evaluation, we anticipate bids of up to £30,000 for Part 1 and bids of up to £60,000 for Part 2.

1.9 All tenders should be completed using the tender response form that accompanies this invitation to tender (ITT). An electronic copy should be sent to qlab@health.org.uk by midday (12pm GMT) on 12 September 2018.

2.0 About the Health Foundation

2.1 The Health Foundation is an independent charity committed to bringing about better health and health care for people in the UK.

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

2.3 We make links between the knowledge we gain from working with those delivering health and health care and our research and analysis. Our aspiration is to create a virtuous circle, using what we know works on the ground to inform effective policymaking and vice versa.

2.4 We believe good health and health care are key to a flourishing society. Through sharing what we learn, collaborating with others and building people’s skills and knowledge, we aim to make a difference and contribute to a healthier population.
3.0 Background to Q Improvement Labs

3.1 The Q Improvement Lab (Q Lab) is an ambitious initiative, bringing people together from across the UK to make progress on complex problems that are affecting health and care.

3.2 The Q Lab works on a single topic for 12-months, convening a group of stakeholders who have knowledge, experience and agency to take action. Collaboratively we undertake processes to research the topic area, generating a rounded understanding of the challenges and opportunities, before selecting a small number of ideas for in-depth prototyping and testing. Our ambition is to:

• Provide new insights and knowledge on the topic, which can be useful for people wishing to improve care and services.
• Generate ideas that show potential to make improvements, and to build momentum for change through individuals and organisations.
• Support people who are involved in the Lab to develop new skills and build meaningful professional relationships.

3.3 The Q Lab has recently finished a 12-month pilot project on the topic of peer support. Over 200 people were involved in the work, with over 70 people committing significant time. The pilot has shown some early signs of success and has generated a wealth of learning on how to iterate and improve the model. An independent evaluation of the pilot project was completed in the summer of 2018. Findings from the evaluation were used to inform and improve the design and delivery of the second project. The final evaluation report is in draft phase and is not yet publicly available.

3.4 The next Lab project will begin in September 2018 and will build on the learning from this first project. In a change to the model, we will be working with an organisational partner for our second Lab project. Following a competitive process Mind, the mental health charity, have been appointed as our partner and the Lab will focus on a topic about improvement of care for people with co-morbid mental and physical health issues. A narrower, targeted topic will be agreed upon before commencing the project in September.

3.5 The Q Lab is run by a core team of seven people based in Kings Cross, London. Our long-term ambition is to build a small network of three to five Labs operating across the UK.

3.6 See Appendix 1 for further details about Q Lab. More information on Q Lab is also available here: https://q.health.org.uk/q-improvement-lab/.

3.7 The Q Lab is part of Q, a connected community of people from across the UK with a passion for improving health and care. Q is delivered by the Health Foundation and funded by the Health Foundation and NHS Improvement. More information is available here: https://q.health.org.uk/

4.0 Rationale for the evaluation

4.1 The purpose of commissioning this evaluation is to inform the ongoing design and delivery of the Q Improvement Lab and to provide an understanding of the extent to which the Lab is achieving its desired outcomes. The Lab has amassed a great deal of learning from its pilot year but we are still at a relatively early stage in understanding the extent of the Lab’s impact and the potential for the Lab to support change at scale. This evaluation, coupled with the teams reflective learning, is vital to help us measure the impact the Lab has and make decisions about its future evolution.
4.2 The evaluation is split into two parts, which are described in more detail below. The purpose of this is to ensure sufficient attention is paid to both measuring the deliverables and intended outputs from the Lab project, as well as on strategically analysing and developing the Lab approach.

4.3 An additional purpose of the evaluation is to provide insights which support the communication of the Lab’s processes and outcomes to internal and external stakeholders.

4.4 Learning from this evaluation will be used to inform the design of the evaluation for subsequent Lab projects.

4.5 Outputs from the evaluation will contribute to the wider field of research focussed on improvement, change and spread in health and care.

5.0 Evaluation part 1: aims, scopes and requirements

5.1 The aim of Part 1 of the evaluation is to answer the overarching evaluation question: **To what extent has the Lab achieved the outcomes as outlined in the impact model?**
**Figure 1. Q Improvement Lab Impact Model**

**Q Lab Impact model**

The Q Lab brings together organisations and individuals, to pool what is known and uncover new insights and ideas on challenges in health and care. The Q Lab builds momentum through a participatory, creative and purposeful 12-month. We aim to achieve the following:

- **Build a deep and rounded understanding of the issue**
  - Convenes a diverse group with expertise on a topic, including relevant organisations and Q members
  - Draws together existing evidence, and generates new insight to develop a deep understanding of the topic
  - Provides a platform that builds momentum by focusing collective energy and resources on the topic

- **Generate and test ideas for improvement**
  - Identifies key challenges and areas of opportunity for action
  - Generates and refines ideas with a wide range of people, selecting a small number for prototyping
  - Creates opportunities to test new approaches, with practical support for testing
  - Supports and influences existing work

- **Develop skills and capabilities for action**
  - Provides developmental and creative environments that nurture new skills and refresh morale
  - Supports new collaborations to flourish by enabling people to work across boundaries
  - Galvanises collective energy around ideas that are well-placed to impact health and care.

- **Disseminate learning widely**
  - Understands the real-world context for improvement to identify changes that can be made now and conditions needed for the future
  - Develops outputs that have relevance across health and care, with longevity beyond the Lab process
  - Leverages routes to spread through Lab participants and Q community

**Wider changes that we hope to see**

- Increased use of participatory design methods
- More people with capability and confidence to lead change in complex environments
- New approaches to spreading learning and ideas, which focuses on adopters and adapters as well as innovators
- Thriving communities that allow cross-pollination of learning across health and social care
5.2 The impact model was developed during the Lab’s pilot year with the support of senior stakeholders, Lab participants and the evaluation team. It outlines the four main areas of impact that the Lab hopes to achieve and provides detail on the activities necessary to achieve them (for more information on the Impact Model, see Appendix 1).

5.3 The main aims of Part 1 of the evaluation are to:

- To examine to what extent the Lab is carrying out the activities stated in the impact model and whether those activities are resulting in desired outcomes
- To test and improve the Lab’s impact model.

5.4 To achieve this, the successful provider(s) will be required to work with the Lab team to develop an evaluation framework that identifies metrics linked to each of the four elements of the impact model. They will also be required to provide an evaluation protocol, itemising the proposed methodologies for capturing data linked to each of the outcomes. Activities within the Lab approach vary and evolve throughout the project, therefore a strong element of flexibility must be built in to allow for the changes in evaluative activity.

5.5 The provider(s) will, in collaboration with the core Lab team, assess which data is necessary to be collected to measure the extent to which the Lab is achieving its outcomes. They will need to understand and utilise existing data that is being collected by the Lab or wider Q team as well as collect new, additional data from the team or during Lab activities. Methods used to collect the necessary data will be proposed by the provider. The Q Lab values a spirit of creativity and innovation, hence we are interested in evaluative methods embracing these elements, while balancing rigour and validity.

5.6 The provider will be responsible for designing, managing and conducting the evaluation; analysing the findings and providing coherent reports at pre-defined intervals that synthesize the key findings. The provider will work with the Lab team to develop a reporting template which is most suitable to present the findings from this part of the evaluation.

5.7 The provider will contribute to refining and improving the impact model, based on the learning from the evaluation, to support its use in future Lab projects.

5.8 On providing the reports, the provider will work with the team (and other provider if the two parts of the evaluation have different providers) to generate recommendations to improve the Lab approach.

5.9 The successful evaluation team is required to have strong quantitative and qualitative research expertise and prior experience in designing an innovative evaluation framework, as well as strong project management skills.

5.10 The Health Foundation will work with the successful provider to refine the evaluation framework and approach before they submit a final evaluation protocol. We will also work with the provider to agree a reporting structure.

5.11 Whilst the focus of this contract will be on the Q Lab, there may also be interest in commissioning input of a similar nature for other aspects of the Q initiative. As part of this tender, we will be interested in applicants who would have capacity to deliver additional evaluation frameworks, data collection and analysis work.

6.0 Evaluation Part 1: deliverables
6.1 We intend to commence work in October 2018 with the negotiation of the evaluation framework and protocol, and to begin evaluative work in November 2018. Over the course of the evaluation the following deliverables should be provided:

- Evaluation framework and protocol (November 2018)
- Progress reports (at the end of each phase of the Lab approach, 4 in total throughout the year) – these reports will include analysis of the Lab’s progress to date, assessed using the evaluation framework, and recommendations for the next phase
- Final report (end of October 2019)

7.0 Evaluation Part 2: aims, scopes and requirements

7.1 The aim of Part 2 of the evaluation is to answer the overarching evaluation question: **How and by what means is the Lab best placed to support improvement in health and care?**

7.2 The main aims of this part of the evaluation are to:

- To provide strategic input to the development of the Lab approach
- To assess where the Lab approach fits within the wider context of change in health and care – how is our approach similar and different to existing initiatives
- To understand how the Lab can best draw on or contribute to current theory about improvement and change in healthcare
- To test the theory and methods which underpin the impact model
- To evaluate the success of partnership working

7.3 To achieve this, the provider(s) will draw on a range of qualitative and quantitative inputs to develop a deep understanding of the Lab’s approach to change. The provider(s) will bring together existing research about change and diffusion of improvement / innovation and will work with the core Lab team to stress-test and develop the Labs approach and ambition.

7.4 The provider(s) will work with the Lab team, particularly with the Insight Manager and the Head of Q Labs, to understand and develop the Lab approach and methodology, and to identify barriers and enablers for the Lab in achieving its desired impact.

7.5 The successful provider will work with the Lab team to develop key evaluation questions which will meet the aims of this part of the evaluation and an evaluation protocol, itemising the proposed methodologies for capturing the necessary data to answer the evaluation questions. It is likely that the evaluation questions will evolve in parallel to the on-going evolution of the Lab approach. The provider will encourage and embrace open conversations about which data to use or discussions to be had throughout the process, and be willing to flex in line with this.

7.6 The provider will need to work in a flexible and collaborative way with others involved in the Lab, especially the Lab team and the topic partner. It will be through discussions, engagement and observation that the provider will gain the strongest understanding of the Lab.
7.7 Methods used to collect the necessary data will be proposed by the provider. The Lab values a spirit of creativity and innovation, hence we are interested in evaluative methods embracing these elements, while balancing rigour and validity.

7.8 The provider will be responsible for designing, managing and conducting the evaluation; analysing the findings and providing coherent reports at pre-defined intervals that synthesize the key findings. The provider will work with the Lab team to develop a reporting template which is most suitable to present the findings from this part of the evaluation.

7.9 On providing the reports, the provider will work with the team (and other provider if the two parts of the evaluation have different providers) to generate recommendations to improve the Lab approach.

7.10 The successful provider is required to understand mechanisms of change and diffusion of innovation in health and care and to use this understanding to design the evaluation protocol and questions. Research expertise including quantitative and qualitative approaches to evaluation is necessary as well as the ability to synthesize data from different sources and produce clear outputs. Experience of working on quality improvement or innovation projects is desirable.

7.11 The Health Foundation will work with the successful provider to refine the evaluation questions and approach before they submit a final evaluation protocol. We will also work with the provider to agree on a reporting structure.

8.0 Part 2: deliverables

8.1 We intend to commence work in October 2018 with the negotiation of the evaluation questions and protocol, and to begin evaluative work in November 2018. Over the course of the evaluation the following deliverables should be provided:

- Evaluation questions and protocol (November 2018)
- Progress reports (at the end of each phase of the Lab approach, 4 in total throughout the year) – these reports will be focussed around the evaluation questions and provide an update on those areas to date using data and insights that have been collected. These reports will also provide recommendations for the phase ahead.
- Final report (end of October 2019)

8.2 Draft versions of these deliverables will be shared with the Lab team in advance of the deadlines to allow for enough time to improve and edit the reports before sharing final versions.

9.0 Audiences and presentation

9.1 The objective of the progress and final reports will be mainly to support knowledge capture for the Health Foundation, Mind and NHS Improvement, to help inform the design and delivery of the Lab as it progresses. The Health Foundation and Mind may choose to publish and disseminate data and findings generated at a result of this evaluation.

9.2 The primary audiences for this work include

- the Q Lab, Mind and Q project teams
- project sponsors from NHS Improvement
- the Health Foundation directors team and board
- Mind directors team and board
- Lab participants and wider Q community
• those interested in innovative, collaborative approaches to achieving change in health and care (including clinicians, managers, policy makers and academics)

9.3 We will also expect provider(s) to attend relevant meetings with some of these key stakeholders as necessary to provide updates on the evaluation, to feed into the debate about the emerging findings and/or test and validate the findings. Evaluation governance

9.4 The Foundation will draw on the support of the Evaluation Advisory Group (EAG) for the Q initiative, to support the research. This group is comprised of representatives from the above audience groups, key stakeholders and evaluation experts.

9.5 We will expect evaluation provider(s) to attend the meetings of the EAG¹ and to provide updates on the evaluation. Feedback from the EAG can be integrated into the review process, recommendations and the structure and design of the progress and final reports.

10.0 Intellectual property

10.1 In commissioning this research, the Health Foundation will own the intellectual property generated (please see the intellectual property clause in the sample contract).

10.2 The Health Foundation will require any data gathered or generated by the evaluation to be made available to the Health Foundation and Mind as well as any other teams contributing to the ongoing evaluation of the initiative.

11.0 Working with us

11.1 Where at all possible, the Health Foundation takes a partnership approach to its work. The work will be managed by the Insight Manager.

11.2 The model of Part 2 of this evaluation will mean that it is likely that one or more members of the evaluation team(s) will be required to work regularly alongside the Lab team at their offices in central London. Any costs incurred for meetings and on-site work should be factored into the budget.

11.3 In addition, there will be weekly communication between the Insight Manager and the provider(s) throughout the evaluation to discuss the project management, timelines and deliverables as well as to prepare the provider for any forthcoming meetings or activities where the provider will be present.

12.0 Budget

12.1 Based on similar work commissioned by the Health Foundation, we anticipate bids up to a maximum of £90,000 (inclusive of VAT and expenses) for both parts of the evaluation. If applying for a part of the evaluation, we anticipated bids of up to £30,000 for Part 1 and bids of up to £60,000 for Part 2.

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

¹ These meetings are held twice a year. The next one will be scheduled for early 2019.
12.3 The Health Foundation shall not be responsible for any costs incurred by you in responding to this tender and shall not be under any obligation to you whatsoever with regard to the subject matter of this tender.

12.4 The Health Foundation is committed to ensuring value for money in all work. As a non-profit organisation, we have a responsibility to ensure that our funds are used to the maximum benefit of the public. As such, we also expect applicants to explain how their proposed budget and activities provide the Health Foundation with value for money.

13.0 Assessment and selection criteria

13.1 We intend to interview shortlisted bidders on 11 or 12 October to explore proposals in more depth. Please ensure you are available for interview on these dates. We expect to inform applicants of our final decision by 23 October.

13.2 Proposals for both parts of the evaluation will be assessed using the following criteria:
- High-level/draft/preliminary evaluation design (including evaluation framework and questions where appropriate) to meet the aims of the two parts of the evaluation.
- Appropriate and innovative evaluation methodology that fits with the pace and iterative nature of the Lab
- Willingness to work flexibly
- Effective written and verbal communication skills
- Appropriate project management, risk management and quality assurance
- Capacity to deliver taking into account the short timescale available
- Value for money

13.3 Proposals for Part 2 of the evaluation will also be assessed using the following criteria:
- Knowledge of innovative, collaborative approaches to achieving change
- Experience, expertise and connection to the fields of health and care improvement
- Experience in partnership working

14.0 Timetable for review

14.1 The table below lists the key dates for this evaluation.

<table>
<thead>
<tr>
<th>Date</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 August 2018</td>
<td>Invitation to tender shared</td>
</tr>
<tr>
<td>14 August 1pm</td>
<td>Information call</td>
</tr>
<tr>
<td>Questions to be submitted to <a href="mailto:hannah.patel@health.org.uk">hannah.patel@health.org.uk</a> by 17.30 on Friday 10 August</td>
<td></td>
</tr>
<tr>
<td>12 September</td>
<td>Applications close</td>
</tr>
</tbody>
</table>
13 - 26 September  | Internal review, external peer review and assessment meetings
11 and 12 October | Interviews
23 October       | Successful provider(s) notified
29 October       | Inception meeting
w/c 19 November  | Evaluation protocol received
October 2019     | Final reports received

14.2 The dates for the progress reports will be set by the team during discussions with the successful provider(s) as they are subject to change.
14.3 The evaluation team will be required to attend significant Lab meetings and events throughout the duration of the evaluation and will be notified of dates as these are set.

15.0 Instructions on the tender process
15.1 Please read the following information carefully in order to ensure that you submit a valid proposal, using the accompanying proposal form as a template or a guide. It is important to ensure that you submit all the documents and attachments required.
15.2 We will hold an information call from 13.00 to 14.00 on Tuesday 14 August 2018. The call will last one hour. If you would like to attend please register your interest to join by emailing hannah.patel@health.org.uk. Joining instructions will be sent to you in advance of the call.
15.3 We would ask that any questions you have in relation to the information call be emailed to Hannah Patel by 17.30 on Friday 10 August 2018.
15.4 Information calls offer applicants the opportunity to hear more about the programme and ask questions to clarify understanding. Please note that we may not be able to answer specific questions about individual tender responses.
15.5 You are strongly encouraged to participate in the information call. However the call will be recorded and a transcript will be made available.
15.6 Your entire proposal including all supporting documents should be emailed, as a single document, to hannah.patel@health.org.uk by no later than midday (12pm GMT) on Wednesday 12 September.

16.0 Questions
16.1 If you have any queries relating to the tendering process or the nature of the service required, or indeed wish to have an informal conversation, please join the information call or email hannah.patel@health.org.uk. We will aim to reply to any email within 5 days.

17.0 Contract arrangements
17.1 The Health Foundation’s standard contract for delivery of services is attached to this ITT. Please ensure that you have read our sample contract and agree to the terms. Any queries about the contract terms should be detailed in your application.
18.0 Conflicts of interest

18.1 The Foundation’s conflicts of interest policy describes how it will deal with any conflicts which arise as a result of the work which the charity undertakes. All external applicants intending to submit tenders to the Foundation should familiarise themselves with the contents of the conflicts of interest policy as part of the tendering process and declare any interests that are relevant to the nature of the work they are bidding for. The policy can be found and downloaded from the Foundation’s website at the following location: http://www.health.org.uk/about-us/
Appendix 1: Further information about Q Improvement Lab

19.0 Background

19.1 The idea for the Q Improvement Lab (Q Lab) emerged through the process of co-designing Q in 2015, as a way of bringing together both Q members and others to work on specific, shared challenges.

19.2 Q is an initiative connecting people with improvement expertise across the UK. It is being led by the Health Foundation and supported and co-funded by NHS Improvement. Q’s mission is to foster continuous and sustainable improvement in health and care.

19.3 In November 2015, the Health Foundation Board approved detailed scoping and early testing of a lab model to be undertaken in 2016.

19.4 In 2017, the Health Foundation and NHS Improvement launched the pilot Q Lab with aim of testing this bold new approach to making progress on health and care challenges in the UK.

19.5 Running from April 2017 to May 2018, the first project explored what it would take for effective peer support to be more widely available, to help people manage their long-term health and wellbeing needs. This topic was chosen with the Q community.

19.6 More information about the first Lab project can be found on the Q Lab website here: https://q.health.org.uk/q-improvement-lab/ and in the Q Lab Essays here: https://qlabessays.health.org.uk

20.0 Key features of the Q Lab

20.1 Throughout the pilot year, core features of the Q Lab were developed. These shaped the Lab’s activities throughout the first project and will be maintained in the second project. They include:

20.2 Working collaboratively: The Lab works across geographical, organisational and professional boundaries to bring together a diverse set of people with relevant experience and expertise. Those who collaborate with the Lab are well placed to adapt and apply the insights and ideas that they themselves have helped to create.

20.3 Creating spaces: The Lab creates the conditions for people to explore data, evidence, lived experience and real world examples. Together with Lab participants and partners, that insight is used to test ways in which we can make progress on the topic. This can happen face-to-face (for example, at thoughtfully designed workshops) and online (for example, through an online group). Whether face-to-face or online, attention is given to designing spaces that support inclusivity and creativity and have a productive mix of structure and flexibility.

20.4 Drawing on a range of approaches and tools: Using approaches from quality improvement, and disciplines such as social innovation and design, means that the Lab uses methods that are best suited to the outcome that we are trying to achieve.

20.5 Developing skills and connections: Through accessing new information, methods and connections, Lab participants are well equipped to not only apply learning from the Lab process, but use those skills in other complex challenges they encounter.
20.6 **Working at pace:** Although the challenges that the Lab focuses on are complex, the Lab works at pace and builds momentum for change. The Lab aims to develop a shared understanding and find opportunities for iterative testing and improvement so that we can move forward and make progress on the topic.

20.7 **Considering scale from the outset:** The Lab draws on principles from the latest research about how ideas can be best shared, adapted and adopted and design those approaches into our ways of working. The learning is shared with those in health and care looking at how innovation spreads to contribute to developing that research further.

21.0 **The phases of the Lab approach**

21.1 The Lab broadly works through four phases of work over the 12-month project:

- **Research and discovery:** Investing time upfront to research the topic area – drawing on the best evidence and bringing new voices and perspectives to bear – to dig deep and understand the root causes of the challenge.
- **Refining an area of opportunity:** Identifying opportunity areas after initial exploration on the topic. Opportunities will be refined and validated with others, before one area of opportunity is chosen for where the Q Lab can add value to improving health and care.
- **Developing and testing ideas:** Focusing on a specific opportunity area, the next phase focuses on generating and developing ideas to address the challenge. This may involve supporting Lab participants to test a completely new idea in practice, or may involving developing an existing idea, where the Lab can help speed up the pace of spread and adoption.
- **Distilling and sharing learning:** Collating what the Lab has learned and how the new insights can be practically applied. Learning is shared widely and people and organisations are supported to adapt and adopt insights and ideas.

21.2 The activities that will be undertaken in the phases will be decided upon by the Q Lab and partner teams, considering the length of time available, the scale of ambition and the opportunities for engaging stakeholders and working with relevant organisations.

22.0 **Q Lab team, participants and stakeholders**

22.1 The Lab is led and facilitated by a core Health Foundation team with varied expertise, an understanding of the health landscape and an ability to use a range of different methods.

22.2 The project commencing in September 2018 will be supported by a core team from Mind, the partner organisation, who will bring subject matter expertise alongside other skills to the project.

22.3 The Health Foundation is funding a central London location for the Lab in Kings Cross. This is a base for the Lab team to work from on a daily basis. It also provides a base for the Lab projects, with flexibility to run workshops and small events.

22.4 As activities within the Lab process vary and may require additional skills or expertise, the Lab contracts people to support elements of the Lab project throughout the year.

22.5 The Lab is also made up of Lab participants, people with varied backgrounds and expertise in the topic, and health and care more broadly, who volunteer to collaborate and get involved in the Lab.
22.6 Members of the Q Community, a UK-wide community of thousands, with expertise and experience in improving health and care, participate in the Lab process in a variety of ways and help to share widely the learning that emerges.

22.7 The Q Lab is led by the Health Foundation, with funding from NHS Improvement. Both organisations have extensive knowledge, networks and expertise that the Lab uses and builds on.

23.0 Impact of the Q Improvement Lab

23.1 Through the first project – which was supported by an independent evaluation - the Lab developed an impact model which outlines what the Lab hopes to achieve.

23.2 The model that was developed for the Q Lab took inspiration from Life Hack and was adapted to reflect the activities and ambitions of the Lab\(^2\).

23.3 The model sets out the outcomes the Q Lab aims to achieve i.e. what success looks like, and what actions or activity will take place which we believe will give us the best chance of delivering these outcomes.

23.4 The purpose for developing this model was to refine and test the thinking on the impact the Lab hopes to see and to clarify the ways in which it can be achieved.

23.5 The model will provide an overarching framework that that can be used to communicate this, alongside other resources, as part of the Lab’s key messages.

23.6 The four main aims are outlined in the Impact Model (see Figure 1) and are to:

- Build a deep and rounded understanding of the topic
- Generate and test ideas for improvement
- Develop skills and capabilities for action
- Disseminate learning widely

23.7 In addition, the Impact Model outlines some wider changes which the Lab hopes to see:

- Increased use of participatory design methods
- More people with capability and confidence to lead change in complex environments
- New approaches to spreading learning and ideas, which focuses on adopters and adapters as well as innovators
- Thriving communities that allow cross-pollination of learning across health and social care

23.8 The Impact Model was tested with Lab participants as well as other key strategic stakeholders of Lab at the end of the pilot project and will form the basis of the first part of the evaluation of the second Lab project.

24.0 Future of the Q Improvement Labs

24.1 The long-term ambition is to set up a small network of Labs across the UK over the coming years. The exact approach to this is not confirmed, but it is possible that subsequent Labs would be more substantially externally hosted and funded.

\(^2\) https://lifehackhq.co/lifehack-resources/impact-model/