RAND EUROPE

Q Summary

Q, as of April 2020, is led by the Health Foundation and supported by partners across the UK and Ireland, to connect people with improvement expertise from across the country. It aims to 'foster continuous and sustainable improvement in health and care' through connecting members across the UK. Q has four key areas of focus: connecting, supporting, developing and collaborating. We found that Q has established itself as a respected and appreciated home for improvers in the health and care systems, and it has directly contributed to the mobilisation of practical knowledge about improvement on the ground.

Q has indicative commitments for funding until 2030 and the intention is to grow the membership of Q to some 10,000. We found that Q is well placed to deliver its ambitions to expand its scale and scope but that it will need to continue to develop its infrastructure and relationships to realise these ambitions. In doing so, the Q leadership should revisit Q priorities to maximise the use of resources to add the most value possible and to make this value visible to system leaders. Q has developed into an important asset for health improvement and the challenge is to ensure that it is fully utilised for the benefits of both members and the health and care system.

RAND Europe was commissioned by the Health Foundation to conduct an embedded evaluation of Q from 2016 to 2020. The first two years of this evaluation were primarily formative in approach, focusing on how Q was being designed and established, and feeding these data back to the Q team to further inform Q's design. The conclusions of the latter three years of the evaluation are presented in Figure 1 and the recommendations in Figure 2.

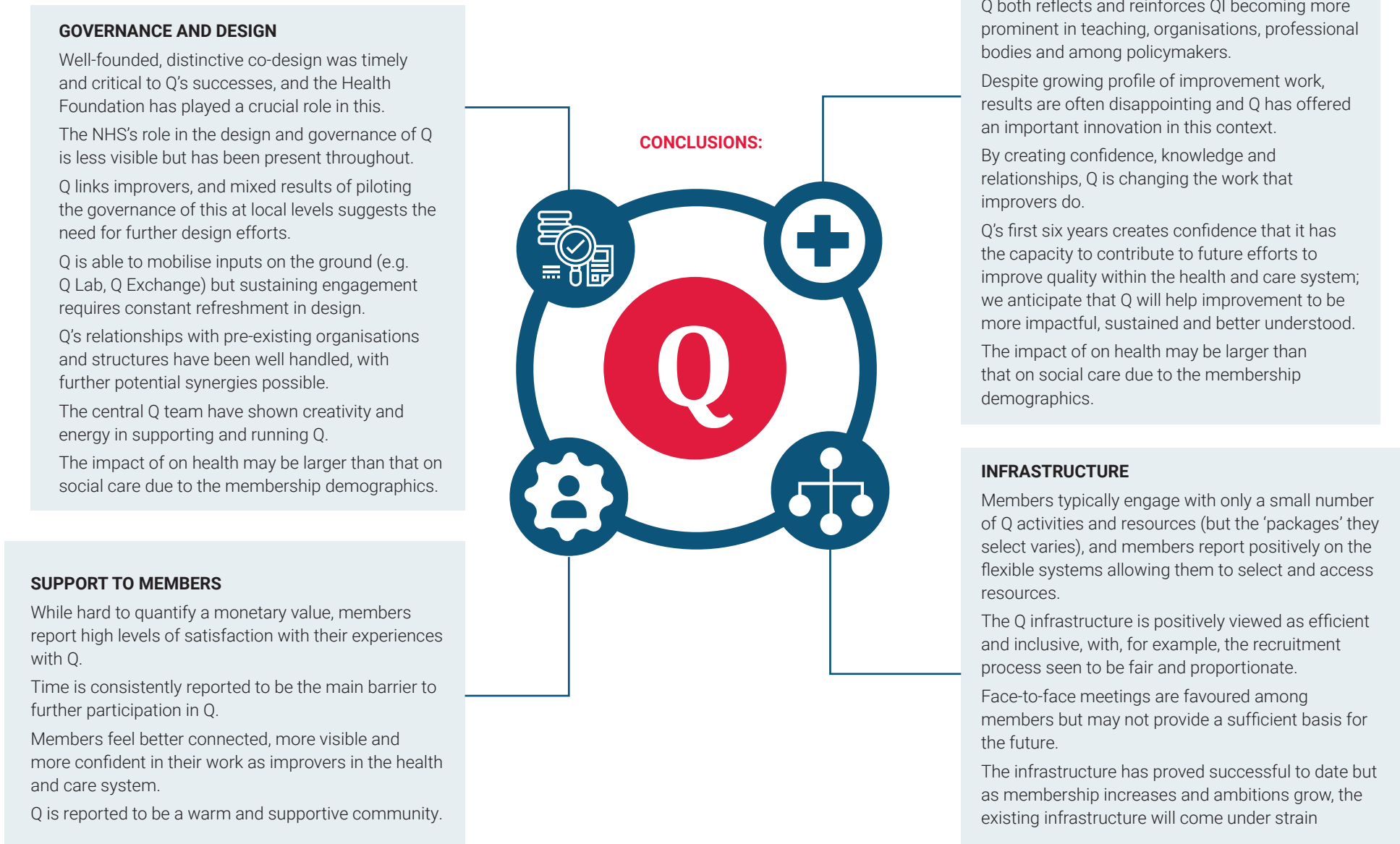**Figure 1 Conclusions of RAND Europe's evaluation of Q 2016–2020**

CONTRIBUTION TO HEALTH AND CARE

Q both reflects and reinforces QI becoming more prominent in teaching, organisations, professional bodies and among policymakers.

Despite growing profile of improvement work, results are often disappointing and Q has offered an important innovation in this context.

By creating confidence, knowledge and relationships, Q is changing the work that improvers do.

Q's first six years creates confidence that it has the capacity to contribute to future efforts to improve quality within the health and care system; we anticipate that Q will help improvement to be more impactful, sustained and better understood.

The impact of on health may be larger than that on social care due to the membership demographics.

GOVERNANCE AND DESIGN

Well-founded, distinctive co-design was timely and critical to Q's successes, and the Health Foundation has played a crucial role in this.

The NHS's role in the design and governance of Q is less visible but has been present throughout.

Q links improvers, and mixed results of piloting the governance of this at local levels suggests the need for further design efforts.

Q is able to mobilise inputs on the ground (e.g. Q Lab, Q Exchange) but sustaining engagement requires constant refreshment in design.

Q's relationships with pre-existing organisations and structures have been well handled, with further potential synergies possible.

The central Q team have shown creativity and energy in supporting and running Q.

The impact of on health may be larger than that on social care due to the membership demographics.

CONCLUSIONS:

INFRASTRUCTURE

Members typically engage with only a small number of Q activities and resources (but the 'packages' they select varies), and members report positively on the flexible systems allowing them to select and access resources.

The Q infrastructure is positively viewed as efficient and inclusive, with, for example, the recruitment process seen to be fair and proportionate.

Face-to-face meetings are favoured among members but may not provide a sufficient basis for the future.

The infrastructure has proved successful to date but as membership increases and ambitions grow, the existing infrastructure will come under strain

SUPPORT TO MEMBERS

While hard to quantify a monetary value, members report high levels of satisfaction with their experiences with Q.

Time is consistently reported to be the main barrier to further participation in Q.

Members feel better connected, more visible and more confident in their work as improvers in the health and care system.

Q is reported to be a warm and supportive community.

Figure 2 Recommendations from RAND Europe's evaluation of Q 2016–2020

RECOMMENDATIONS

GOVERNANCE AND DESIGN

The growth of Q to 2020 was overseen by effective governance arrangements combined with agile and committed leadership, and any change should recognise these strengths. We recommend:

- Ensuring greater visibility for health and social care leadership from across the countries and regions of the UK (and Ireland).

- Building on (positive and negative) experiences of commons, connectors and conveners to create a viable regional and local organisation for working together.

- Continuing to review the theory of change and develop it in the light of achieving a sharper focus on contributing to the health and care system at scale.

CONTRIBUTION TO HEALTH AND CARE

The sense of purpose Q has created among its members is a considerable asset and the task now is to keep this capacity while achieving impacts at scale, working across the systems of health and care, and meeting the priorities of those working in and depending upon health and social care. This requires:

- Demonstrating to organisational and system leaders the benefits that Q has to offer as a major system asset.

- Maintaining a balanced portfolio of activities that both explore the cutting edges of improvement and address long-term core problems.

- Harvesting ideas for innovation across the Q portfolio both on the ground, from members, as well as from the wider evidence base.

- Focusing on delivering value for money by transparently allocating resources on the basis of system priorities.

Principles for the coming decade:

1. Be both a movement for mobilising members and a resource for the wider health and care system

2. Be both at the cutting edge and the core of the health and care system

3. Both strengthen links among people who already know each other and create opportunities for new groups to be formed

4. Combine and mobilise both the experiential knowledge of service users and improvers and the formal evidence from research

5. Be both top-down (responding to system priorities) and bottom-up (drawing upon the experience and insight from members).

SUPPORT TO MEMBERS

Any change should reflect that members value the flexibility Q offers both to pursue individual interests and reflect the realities of working in the health and care system. With this in mind, we recommend:

- As Q grows in scale and ambition, leadership will need to ensure a balance between what Q offers (as a brand, a support, a source of ideas and inspiration) and the obligations that Q members should offer back to their community.

- Q should continue to offer members both technical 'know-how' and the self-confidence to act.

INFRASTRUCTURE

Further improvements to the infrastructure should recognise what is valued by members but also entertain the possibility that a scaled-up infrastructure may not be as personal or face to face. We recommend:

- Working closely with members to encourage new ways of working within the Q infrastructure and acknowledge that, with a proposed tripling of membership, there will be more dependence on routinised, automated and online working.

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