



SHARED INTELLIGENCE



Evaluation of the MQulSS quality standards

For Macmillan Cancer Support

Baseline report - Executive Summary

April 2013

Executive Summary

- 1.1. This report sets out the findings from the **baseline stage of the evaluation** of the Macmillan Quality in Information and Support Services (MQuISS) quality standards. These standards represent part of Macmillan's wider service improvement strategy to improve outcomes for people affected by cancer.
- 1.2. Macmillan Cancer Information and Support Services (CISS) operate in a range of different organisations, including local authorities, libraries and NHS settings, in every part of the UK. There are currently 170 CISS funded by Macmillan and local partners.
- 1.3. The MQuISS quality standards are a practical tool for CISS to improve the quality and sustainability of what they do. They describe the systems and practices in a high-quality service and can be used by any CISS. They can be used to:
 - provide a benchmark for assessing where the development of a CISS has reached;
 - through descriptive 'indicators', identify what the CISS needs to do to move forwards;
 - guide the development of new services;
 - help services and service developers to evidence good practice to host organisations;
 - demonstrate good practice and effectiveness to commissioners and funders; and
 - provide people affected by cancer with a standard they can trust, and professional users with confidence in a safe and reliable service.
- 1.4. Through service review, they can also ensure accountability for how Macmillan uses its charitable funds.
- 1.5. They cover twelve 'quality areas': Planning; Governance; User-centred service; Managing people; Learning and development; Managing money; Managing resources and information; Communications and promotion; Working with others; Monitoring and evaluation; and Results.
- 1.6. Each MQuISS quality area sets out a **criterion** which summarises good practice in the quality areas; a number of **indicators** which contribute to good practice; and **up to five levels** that reflect different levels of achievement in relation to each indicator.
- 1.7. CISS use the standards to review their current level of performance and to identify actions to develop their performance through a SMART action plan. The standards can then be used to inform ongoing service review and improvement.
- 1.8. Macmillan has set the standard for all services to achieve level 4 in all of the quality areas, although the order and pace for achieving that standard will vary. The aim is that CISS should continue using the quality standards to support on-going improvement. Macmillan is also clear that MQuISS quality standards are not a 'checklist'. Instead, they should be used to guide CISS to reach and maintain a good quality service.

- 1.9. The quality standards were developed in 2011, and piloted in 33 services between November 2011 and January 2012 before being launched in June 2012.
- 1.10. The overall aim of the evaluation is to **assess the effectiveness of the quality standards** as a tool for driving service improvement by:
- Identifying how the quality standards are helping CISS to better meet the needs of specific stakeholder groups
 - Establishing the effectiveness of the training, support and guidance to enable CISS to implement the quality standards
 - Assessing the effectiveness of the quality standards in improving the underlying systems required for a robust and sustainable CISS
 - Identifying the additional support and material that might be needed to drive service improvement
- 1.11. To guide the evaluation, Macmillan developed the MQuISS 'logic model'. A logic model sets out the logic behind a project, programme or service intervention; it explains how the rationale for the intervention feeds into inputs and activities which deliver outputs, outcomes and ultimately impacts.
- 1.12. A copy of the MQuISS logic model is appended to this report. The evaluation will test and further develop the logic model as findings emerge.
- 1.13. **Providing a baseline** for an improvement programme such as MQuISS enables us to track progress through the implementation of MQuISS and provides a benchmark against which we can compare changes in activities and outcomes. The baseline stage of the evaluation was completed in early 2013. This included a document review, eight stakeholder interviews with senior managers from UK office and Macmillan Development Managers (MDMs), and on-line surveys of CISS teams and host organisations.
- 1.14. The baseline survey of CISS teams was completed between November 2012 and January 2013. The survey of host organisations was completed between December 2012 and January 2013. These are relatively early stages in the implementation of MQuISS. The findings at this stage are most useful for providing early feedback to Macmillan on what CISS expect of the implementation of MQuISS. This can be used to take action to provide the most appropriate support and tackle any barriers that have been identified, and to provide a 'snapshot' at the of beginning of implementation of MQuISS so that progress can be measured.

Key findings

- 1.15. There is a shared view across Macmillan staff and CISS teams about the **value of the MQuISS quality standards** in helping to deliver a consistently high standard of service to people affected by cancer. In addition, the MQuISS quality standards are seen as a potentially very effective tool in helping to **demonstrate the value** of CISS to local partners and commissioners.
- 1.16. There is generally a **high awareness of MQuISS** amongst CISS professionals, with 65% of respondents already having read the standards or guidance, attended the training, or had some experience of implementing MQuISS.

- 1.17. Progress towards implementation of MQuISS at the time of the fieldwork (between November 2012 and January 2013) reflected a mixed picture. 23% of CISS respondents were currently **implementing MQuISS** and a further 40% of CISS reported plans to implement the quality standards in some way in the future, with around half of these intending to do so in the next three months i.e. between February and April 2013.
- 1.18. However, 18% did not plan to implement, or didn't plan to continue after the pilot phase, and a further 18% were not sure about implementation.
- 1.19. Macmillan's output, as set out in the logic model, is that 75% of CISS would be using MQuISS by June 2013. The data on implementation reflect clear progress toward this output, but this will need to be monitored over the next few months to see how progress is made over time.
- 1.20. At the time of the surveyⁱ, 42% of CISS respondents had received training in MQuISS and a further 13% had arranged to attend training. Those who had participated in the training were more likely to be implementing MQuISS compared to those who had not.
- 1.21. Around a third of those using MQuISS had already assessed themselves against the standards in one or more quality areas, and 20% had undertaken some action planning based on these assessments. The main **motivations for implementing MQuISS** in CISS are realising the benefits that quality standards are expected to bring i.e. identifying actions to improve service quality and outcomes, and actually improving both of these. Around a third of CISS professionals and host organisations are motivated by using the MQuISS quality standards to encourage reflection and provide a focus on making continuous improvements.
- 1.22. The predominant **reservation about implementing MQuISS** is a concern over the **time** required to do so successfully. A number of the open-ended comments on the question about potential changes to MQuISS reflected on the "amount of time" required to work through the standards guidance. However, some of these statements included the caveat that the respondent had only briefly engaged with MQuISS so their responses were based on perception.
- 1.23. Several respondents mentioned that they were the only post-holder or worked part-time, citing concerns that implementation of the standards could divert their time and focus. Other respondents perceived their CISS to be a particularly busy one, meaning that time was "at a premium".
- 1.24. Although the majority of CISS respondents found or expected to find **implementation of MQuISS to be 'very' or 'relatively' challenging**, mainly due to the time required, this does not seem to be affecting plans to implement the quality standards. The majority of respondents also feel **MQuISS is 'fit for purpose'**.
- 1.25. When asked if their service and/or host organisation had 'alternative processes or systems in place for service improvement / quality assurance', nearly half stated that they did. Although many of the systems and processes cited by respondents were not necessarily quality standards, they were seen to be related to MQuISS by respondents as they were alternative ways of achieving service improvements. Although not all respondents were sure about the fit with these, there were no concerns that MQuISS conflicts with other systems and processes, including those used by the host organisations.

- 1.26. When asked about **whom CISS teams expect to involve in implementing MQuISS**, nearly three quarters suggested volunteers, while around half mentioned at least one of the other groups (Macmillan staff, team members, host organisations, and service users). Only one sixth of respondents would involve all five groups. Most host organisations generally expect to be involved in implementing MQuISS and see their role as ‘to support implementation’ and/or ‘to assist with actions arising from assessment’.
- 1.27. The survey asked CISS teams which three the 12 quality areas they were likely to assess themselves against initially. Quality area 4: User centred service was the most commonly given answer at 42%. It was also the most likely area to have already been self-assessed, at 21%. Other commonly given responses were Communication (26%), Planning (24%) and Monitoring and evaluation (23%). The high percentage for User centred service may reflect the fact it was used in the training. However, Planning was also used in the training.
- 1.28. There is some correlation between the perceived potential of an area to improve outcomes, the confidence to achieve Level 4, the currently assessed level and the likelihood of addressing the quality area initially. However, it is not clear whether any single one of these is a main driver for using the quality area, or whether the inter-relationship is more complex. We will explore this in more detail in the next stages of the evaluation.
- 1.29. Quality areas which CISS teams stated that they were least likely to implement initially included Managing money (2%), Results (6%) and Managing people (9%). For some of these quality areas, such as Managing People, CISS respondents have less confidence in being able to make improvements. For quality areas like Managing money, they seem less relevant to CISS managers’ roles. At this stage, it’s not clear why these management-related quality areas seem to be less likely to be implemented at an early stage; we would want to explore this in the next stage of the evaluation.
- 1.30. The **MQuISS training** has been very well received with delegates reporting that networking and the sharing of ideas were particularly useful aspects of the training. In terms of **other support**, around half of CISS respondents find the MQuISS standards document, guidance and training to be “very helpful”.
- 1.31. Stakeholders, including UK Office managers and MDMs confirmed the importance of **area based peer-learning** for CISS managers to share experiences. They were also keen for MQuISS to be embedded into Macmillan’s Learning and Development function.
- 1.32. Macmillan and Shared Intelligence will work together to use the findings from the evaluation to revise the MQuISS logic model and will continue to use this to inform the interim and final stages of the evaluation.

ⁱ Fieldwork was completed between November 2012 and January 2013, and all findings relate to that period.

Appendix A – Logic model

Rationale/Context

The quality and range of services provided in CISS differ from centre to centre. While many users receive an excellent service, some services are less effective than they could be and some users receive an inadequate, inconsistent or poor service.

CISS are set up by Macmillan but subsequently managed (and staffed) by organisations with variable expertise in information provision.

Macmillan is addressing the problem by implementing quality standards (MQuISS), enabling weaker services to improve and good services to develop further.

Both Macmillan internal and health policy across the 4 nations supports improved information and support provision. Information and support are central to Macmillan's 9 outcomes, and new internal strategy underlines improving current services and monitoring impact.



Inputs:

Funding

Macmillan staff time for training and support

CISS team time for assessment of the service position

CISS team time for development and improvement work

Digital team time to support web-based resources



Activities

Promote MQuISS so all CISS, service development teams and host organisations are aware of the benefits:

- through CISS training courses,
- website,
- presentations
- LinkedIn;
- written briefings
- presentations to service development teams
- information pack on links between MQuISS and key Macmillan/host organisation targets, and updates to service development toolkit;
- encouraging MDMs to engage with host organisations re benefits of MQuISS
- Requirement for new services to comply with MQuISS written into Service Development toolkit.

Train staff across I&S services through face-to-face training days and an updated online training/refresher course.

Train and support key members of regional teams (MDMs and LDMs) through offering places at CISS training, access to the online course and guidance incorporated into the service development toolkit

CISS receive adequate guidance and support to use MQuISS from UKO and their service development team

Individual services implement MQuISS locally

Service development teams use MQuISS to review services and support improvement

L&D teams use MQuISS to encourage engagement of CISS teams with professional development

Macmillan UK (UKO) teams use MQuISS to promote good practice in specialist area of practice

Services use evidence from MQuISS to engage support from stakeholders

Ongoing maintenance of and user involvement in MQuISS



Outputs:

Number of promotional activities delivered including:

- number of website hits;
- number of presentations delivered;
- number and profile of organisations targeted with written briefings;
- number of information packs distributed

Number of new service agreements compliant with MQuISS (target: all new service agreements compliant within 2 years)

Training delivered in all regions in accessible locations in partnership with regional teams (12 sessions approx)

Number of people accessing online training

Number of I&S staff attending training

Number of MDMs and LDMs attending training

Percentage of services using MQuISS (target: 75% of CISS using MQuISS within 1 year of launch)

Percentage of services achieving Macmillan standard level 4 (target: 80% of CISS have achieved within two years after starting work on MQuISS)



Outcomes:

Outcomes for Service Users

Increased user involvement in planning development and evaluation of CISS services

Improved quality of service to PABC and professional users

Range of services offered meet the needs and expectations of users

Improvement in match between local population of PABC and CISS users

Outcomes for staff/volunteers

Improved management and support of staff/volunteers

Improved selection training and support of volunteers

Improved access to learning and development opportunities for staff and volunteers

Outcomes for CISS services

Improved quality of service review and monitoring

Increased joint working

Increased sharing and exchange between CISS services

Better peer support and professional development for CISS

Effective monitoring and evaluation in place

Outcomes for stakeholders

Improved understanding of benefits of CISS in care of people with cancer

Improved understanding of role of CISS as complementary to clinical/mainstream services

Increased willingness to support and sustain/commission CISS service provision

Outcomes for Macmillan

Improved consistency and quality of CISS across settings

MQuISS becomes integral part of quality system with competency framework, JDs, service specifications and CISS team development



Impact:

MQuISS is established as:

a credible quality standards framework for information and support services

an effective system to measure and improve quality

People affected by cancer are able to say:

"I know what I can do to help myself and who else can help me"

"I feel part of a community and I'm inspired to give something back"

"I understand so I make good decisions"

"Those around me are well supported"

"I get the treatment and care which are best for my cancer and my life"

"I am treated with dignity and respect"

"I can enjoy life"