



Assessment Report

CUSTOMER SERVICE EXCELLENCE





1. EXECUTIVE SUMMARY

Following the assessment, Pennine MSK Partnership were found to have a deep understanding of, and commitment to, Customer Service Excellence. The commitment was displayed from Senior Management levels through to operations and front line staff.

I would like to take this opportunity to thank those people involved in the overall assessment process. It has been a pleasure meeting with your team and having the opportunity to observe your service in action.

The outcome of the assessment was -

“Continued award of the Customer Service Excellence Standard has been recommended”

Address:	Integrated Care Centre, New Radcliffe Street, Oldham, Greater Manchester, OL1 1NL		
Standard(s):	Customer Service Excellence	Accreditation Body(s)	UKAS
Representative:	Rachel Chrisham		
Site(s) assessed:	Integrated Care Centre	Date(s) of audit(s):	14-04-2016
Lead Assessor :	Bob Mandy	Additional team member(s):	
Type of Assessment:	Annual Review		
Review of Certification Claims	<p>Claims are accurate and in accordance with SGS guidance</p> <p>The certification claims were not found to be accurate and more details can be found in Section 7 of this report</p>		



2. CONTEXT - Pennine MSK Partnership Limited

Pennine MSK Partnership Limited (PMSK) continues to deliver, consultant led, community based, high quality, patient focused service in Orthopedics, Rheumatology and Chronic Pain with support from Psychological Medicine. Their aim is to provide a truly holistic patient centred pathway delivered in a community setting. In 2015 at the last visit there were 123 staff but since then seven have joined and two have left.

In June 2015 they launched the Persistent Pain Service in partnership with Pennine Acute Hospital Trust and Pennine Care Foundation Trust. They now have Pain Specialist Nurses and Physiotherapists working within the service. They run three persistent pain group programmes which run for six weeks and are jointly led by a physiotherapist/nurse and CBT therapist.

3. METHOD OF ASSESSMENT

The assessment was undertaken in two stages; the first was a review of your self-assessment submission. This review enabled the assessor to gain an understanding of how the organisation has met the requirements of the Customer Service Excellence standard.

The next stage was to review the actual service delivered on-site. This was conducted through reviewing practice as well as speaking to staff, partners and customers. This included following customer journeys through your processes and how these aligned with customer insight.

During the assessment process the criteria are scored on a four-band scale:

COMPLIANCE PLUS - Behaviours or practices which exceed the requirements of the standard and are viewed as exceptional or as exemplar to others, either within the applicant's organisation or the wider customer service arena.

COMPLIANT - Your organisation has a variety of good quality evidence which demonstrates that you comply fully with this element. The evidence which reflects compliance is consistent throughout and is embedded in the culture of the organisation.

PARTIAL COMPLIANCE - Your organisation has some evidence but there are significant gaps. The gaps could include:



- Parts of the applicant's organisation which are currently not compliant and/or
- Areas where the quality of the evidence is poor or incomplete and/or
- Areas which have begun to be addressed and are subject to significant further development and/or
- Areas where compliance has only been evident for a very short period of time

NON COMPLIANT - Your organisation has little or no evidence of compliance or what evidence you do have refers solely to a small (minor) part of your organisation.

The current scheme allows applicants a maximum number of partial compliances, equating to a pass mark of 80% for all criteria.

4. OPENING MEETING

The on-site assessment commenced with an opening meeting.

The assessment activity was discussed. The itinerary had been agreed with Pennine MSK Partnership Limited in advance. The organisation was informed that all information obtained during the assessment would be treated as strictly confidential.

The scope of Assessment was confirmed as: Pennine MSK Partnership Limited

5. ON-SITE ASSESSMENT

The Assessor was accompanied throughout the assessment by Rachel Chrisham and other personnel within the organisation were involved when assessing activities within their responsibility.

The assessment resulted in the raising of no partial compliances. A number of observations are listed in Section 7 of this report.

Criterion	Maximum number of Partial compliance	Actual number of non-compliance	Actual number of partial compliance	Actual number of Areas for Improvement
1	2	0	0	0
2	2	0	0	0
3	2	0	0	0
4	3	0	0	0
5	2	0	0	0

Number of good practices awarded during the assessment	10
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Have the partial compliance(s) raised at the last assessment been closed?	N/A
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6. AREAS OF PARTIAL COMPLIANCE

None Raised

CRITERION 1

xx

CRITERION 2

xx

CRITERION 3

xx

CRITERION 4

xx

CRITERION 5

Xx

7. OBSERVATIONS

During the site assessment the following general observations were made. These include: positive areas scored as Compliance Plus; areas of good practice; areas for improvement identified throughout the entire assessment process, as listed below.

Areas for Improvement

- None

Areas of Good Practice

- PMSK have taken the change to the SGS CSE methodology to heart and have process mapped many of their key customer journeys. They have used this work to analyse the way they operate and have improved the processes both from the customer's viewpoint and to be more efficient. These are:
 - Inflammatory Arthritis Pathway
 - GP Referral Pathway
 - Persistent Pain Pathway
 - Orthopaedic Pathway
 - Radiology Pathway
 - Complaints Pathway
- There are good processes in place for gathering customer feedback including leaving text or voice messages, customer focus groups and anecdotal evidence from the many daily contacts. This feedback is used to improve the service. The latest feedback showed 94% of customers are positive about the service with only 2% of comments being negative.
- The customer complaints process works well in practice and demonstrates that PMSK is performing well. There is a target of no more than 0.3% per 1000 appointments leading to complaints. Currently PMSK is running at 0.01% per 1000.
- The Persistent Pain Service launched in June 2015 has been very successful and management is looking for more staff and premises to expand the service to meet the demand.
- PMSK now has its own ultra sound equipment and have recruited an experienced clinician not only to manage it but to train others. This



streamlines the process as patients no longer have to go to the hospital for this treatment. In addition they are looking to move to electronic requesting of all radiology which will streamline the current process.

- The clinical triage of GP referrals is excellent as it ensures that all referrals are appropriate. This is beneficial to the customer and efficient. Ian Watson the GP link has regular meetings with GPs from across the catchment area with one of the aims being to go through any unusual referrals. Calls are made to patients to confirm appointment times and to complete a checklist. The time for these calls has been extended until 20.30 as more patients are available in the early evening.
- The recently completed Staff Opinion Survey had a very high response rate of 72% and the feedback was generally very positive. PMSK staff were more positive in all areas when compared to national averages for acute trusts and also to Pennine Acute Hospital Trust. Even though most of the feedback was positive it was good to see that any areas of perceived negativity are being addressed by management. These points include more staff training and improved communications between the second and sixth floors.
- PMSK has embraced the concept of staff health and well being. Amongst initiatives has been the introduction of fruit baskets in the office and 50% of subscriptions for sports activities. They are also just about to introduce health checks for the over forties.
- Communications are excellent in PMSK with regular team briefs and an annual team building day out. This took place on Saddleworth Moor and took the form of a treasure hunt. PMSK also held a 10th anniversary buffet on the 10th March. Sadly the only day in 2016 when Oldham has had heavy snow this year.
- The communications with customers is also very good and the website has been enhanced since the last visit.



Areas of Compliance Plus

- 1.1.1 and 1.1.2 Pennine MSK Partnership Ltd has been operating for more than ten years and was unique when it was launched. There are still few similar organisations and current NHS procurement regulations mean that a similar partnership organisation is unlikely to be set up in the future. They outperform internal MSK services and are seen as an organisation of best practice. They have had a constant flow of visitors from across the UK and beyond. They recently had a visit from a hospital in Bilbao, Spain. Customer satisfaction has always been very high and waiting times for appointments is very low and always meets KPIs.

8. ACTION PLANNING & NEXT STEPS

The achievement of Customer Service Excellence is an ongoing activity and it is important that Pennine MSK Partnership Limited continues to meet the elements of the criteria throughout the three years the hallmark is awarded for. Efforts must be made by Customer Service Excellence holders to continually improve their service.

We recommend that you develop an action plan based on the findings of this report. The action plan does not need to be a separate document and is likely to be more effective if the actions are embedded in your normal improvement and service developments plans.

We will undertake an annual review that will look at your continued compliance with the Customer Service Excellence. As part of the review we will also look at progress on any findings of the previous assessments.

In addition to reviewing progress outlined above, we will also review the services delivery, done so by following customer journeys.

For more information on the annual review please refer to our document “Building on your Customer Service Excellence success – Preparing for the annual review”.

Holders must inform SGS of any major changes in the service provision covered by the scope of the certificate. This includes reorganisation or mergers.

In addition, SGS must be informed should the certified service experience a significant increase in customer complaints or critical press coverage.



If you are in doubt at any stage, we strongly recommend contacting the Customer Service Team for advice on the significance of any service or organisational change, or issues surrounding customer complaints.

SGS will visit within the next 12 months for the annual review.

SGS recommends that Pennine MSK Partnership Limited retains a copy of this report to aid continuous improvement, and as a reference document for future assessment reviews.