



Assessment Report

CUSTOMER SERVICE EXCELLENCE





1. EXECUTIVE SUMMARY

Following the assessment, Pennine MSK Partnership Limited, 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 OL1 1NL		
Standard(s):	Customer Service Excellence	Accreditation Body	UKAS
Representative:	Rachel Chrisham		
Site(s) assessed:	Single site	Date(s) of audit(s):	09-02-2017
Lead Assessor :	Bob Mandy	Additional team member(s):	N/A
Type of Assessment:	Annual Review		
Review of Certification Claims	Claims are accurate and in accordance with SGS guidance		



2. CONTEXT Pennine MSK Partnership Limited

The partnership has continued to deliver a high quality service to its customers but has reviewed the way they work and introduced innovations that are both cost effective and of great benefit to their customers. The changes to the service delivery are listed in the areas of good practice listed below. Six members of staff have left with three being recruited. There are currently 125 members of staff on both the administrative and clinical sides.

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 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	6
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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

CRITERION 1

None

CRITERION 2

None

CRITERION 3

None

CRITERION 4

None

CRITERION 5

None

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 raised

Areas of Good Practice

1. The partnership has conducted a review of all processes affecting the quality of the service. The analysis of the patient journey and actions taken is a great example of this process:

- One patient mentioned that, although the location wasn't the closest to them, they wanted to be seen at the Integrated Care Centre as they had heard good things about Pennine MSK – Appointment Booking Centre hadn't informed the patient that all other locations offered were part of the Pennine MSK service. **Action:** Ruth Holden emailed the Appointment Booking Centre manager asking her to ensure all staff made patients' aware of this.
- One patient mentioned that they had verbal confirmation of their appointment from the Appointment Booking Centre and an SMS reminder 3 days prior but did not receive an appointment letter and information leaflet from Pennine MSK. **Action:** Checked System One and could see an appointment letter had been generated. Ruth Holden to check other patients had received these and Anne Browne to check that all her patients, seen over the following two weeks, have received their letter and info leaflet. No trend or problem noted in regards to this.

2. Blood Monitoring Pathway - The process of ensuring that blood tests are kept up to date has been formalised on a controlled spreadsheet. This has taken the burden of checking if tests are due away from nurses and has made the process more efficient.

3. Patient Safety – The partnership has used Palladium and Patient Safety Consultancy Company to inspect the processes in place. The result is that Ruth Holden and Jill Firth have carried out a detailed risk assessment of both the



clinical and administrative incidents across the partnership. They now meet once a week to discuss all incidents and look for corrective and preventative action.

4. Rheumatology Dictating Prescribing Advice - If patients require prescription advice to go to the GP the clinician dictates this on their usual clinic template and submits the dictation as URGENT on the system. This avoids the risk of a GP's handwriting being misinterpreted. It also short circuits the process for producing prescriptions.

5. Friends and Family text message and phone call surveys are still carried out but the paper questionnaires are no longer sent out in the post. This has been replaced by Directors spending time in the clinical areas interviewing patients using a standard template. This has proved to be a successful replacement for the questionnaires. Customer satisfaction remains very high.

6. A staff survey has recently been carried out and the results show a high level of staff satisfaction. A very high 87.7% of staff completed the survey and were in the main very positive about the partnership. The only negative comments were:

1. The slow speed of the IT system on Floor 2.
2. Better communications between staff and senior managers
3. Raising awareness of work related stress.
4. Ensuring that staff reviews and one to ones are up to date.

The results from the survey have only just been received and management will be addressing the issues raised.

There were many more positive than negative comments from staff. Amongst them were:

“Pennine MSK is a great place to work with excellent staff benefits.”

“I feel Pennine MSK cares about their staff and their patients and the Directors and senior team work hard to ensure staff and patients feel valued.”

“Pennine MSK makes great effort to support both patients and staff, as someone who has worked for many health care providers I can highly recommend them from both an employer and a service provider.”

In addition all staff interviewed were happy with their roles in the partnership.



Areas of Compliance Plus:

1. 3.3.2 Right Path – The partnership has been working with Newcastle University on a study looking at referrals for paediatric MSK conditions which are sent through to specialist centres. Currently children are sent to Central Manchester Children’s Hospital. Waiting times are long at the specialist centers and it was felt that many patients could be safely and more appropriately seen and assessed in local clinics. A pilot study was launched in September 2016 with referrals being triaged by expert health professionals (nurse, physio or podiatrist). Those children with a lower limb, non-inflammatory condition who are eligible to be seen locally are appointed to be seen by a physiotherapist or podiatrist experienced in paediatric MSK (provided by Pennine Care Foundation Trust). Waiting times are down from 14 weeks to 2 weeks and feedback from patients and parents looks very positive so far. This is a unique approach; it is being looked at by the Department of Health and could be rolled out nationally.

2. 3.4.1 The Persistent Pain Pathway was introduced in June 2015. There is now a much greater analysis of the options open to patients. These can be clinical, physiological and or social. Many patients were on a pain relief regime of an injection every six months. Patients are now given a nurse’s telephone consultation two weeks after an injection. They are then offered options other than returning six months later for the next injection. 70% of patients consulted have opted for different strategies that are beneficial to each patient but also has resulted in a cost saving of £0.5 million. This will continue but there are obviously budgets that need to be adhered to.

3. From 2016 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.



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.