



Assessment Report

CUSTOMER SERVICE EXCELLENCE



Pennine MSK Partnership Limited

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Type of Assessment: Annual Review

Standard: Customer Service Excellence

Assessor(s): Bob Mandy

Certification is: Continued

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1. EXECUTIVE SUMMARY

Staff

A Customer Care Manager has replaced the Service Manager. In addition they have a Business Operations Manager, a Data Team consisting of a Data & Information Manager, Data Analyst and Data Analyst Support. The administrative/secretarial staff has increased to 24. They directly employ a Rheumatology Nurse Specialist, 2 Rheumatology Nurses, 3 Nurses and a Health Care Assistant, a Specialist Occupational Therapist, a Consultant Spinal Physiotherapist and a Specialist Hand Physiotherapist.

They have 11 local Orthopaedic Surgeons who operate from four local hospital providers but no longer a team from the Greater Manchester Surgical Centre.

They now offer some pre-operative screening and choice during the Consultant outpatient clinics.

Service

The transfer of Rheumatology patients from secondary care to the service is well under way with an increase in the Specialist team. There has also been an increase in Orthopaedics Surgeons and amendments to the pre-op service following an outside Consultant Review.

Following the assessment, Pennine MSK Partnership Limited were found to have a deep understanding and a commitment to Customer Service Excellence. The commitment was found from Senior Management levels through to operation 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 see your service in action.

During the assessment a number of Partial compliances with the standard were identified. Details of these can be found in section 5 of this report.

As a result of these findings:

“Award of the Customer Service Excellence Standard is continued”

2. METHOD OF ASSESSMENT

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

The next stage was an on-site assessment. The objective of this part of the assessment was to obtain evidence that the applicant was meeting the requirements of the standard in the area covered by the scope of the application. This evidence was obtained from review of documentation and interviews with staff, customers, representatives of partner organisations and senior management.

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

COMPLIANCE PLUS - Behaviours or practices that exceed the requirements the standard, and are viewed as exceptional or as an exemplar for others - either within the applicant's organisation or in the wider public service arena.

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

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

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

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

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

3. OPENING MEETING

The on-site assessment commenced with an opening meeting.

The assessment activity and the partial / non compliances were discussed. The itinerary, which had been forwarded to Pennine MSK Partnership Limited in advance, was agreed. The organisation was informed that all information obtained during the assessment would be treated in the strictest confidence.

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

4. ON-SITE ASSESSMENT

The Assessor was accompanied throughout the assessment by Ruth Holden and other organisation Personnel were involved when assessing activities within their responsibility.

The assessment took place over one day.

The assessment resulted in the raising of three partial compliances. A number of observations are listed in Section 7 of this report.

Details of the partial compliance can be found in section 5 for Pennine MSK Partnership Limited to address as appropriate.

Criterion	Number of Elements	Maximum number of Partial compliance	Actual number of non compliance	Actual number of partial compliance
1	11	2	0	0
2	11	2	0	0
3	12	2	0	0
4	13	3	0	2
5	10	2	0	1

5. AREAS OF PARTIAL COMPLIANCE

CRITERION 1

None

CRITERION 2

None

CRITERION 3

None

CRITERION 4

4.1.2 The website is user friendly but contains out of date addresses and performance data.

4.3.4 The EMIS system allows clear corrective and preventative action but complaints and their resolution are not published on the website.

CRITERION 5

5.3.2 Standards and performance are published on the notice boards but not on the website.

6. OBSERVATIONS

During the site assessment the following general observations were made. These can include positive areas scored as compliance plus, observations of good practice and opportunities for improvement that were seen over the entire assessment process: -

Areas for Improvement

- The business scorecard is a good idea and works well in practice but consider cascading it to team leader level to implement.
- The website is clearly out of date which resulted in the partial compliances. I understand that the website is being brought up to date and it will be interesting to see what it looks like at the next annual visit.

Areas of Good Practice

- You have successfully managed to close out a number of partials that were raised at the initial assessment. The partials that have been closed out are:
 - 1.1.2 The PPG meeting now addresses patients needs and preferences as demonstrated by the meeting on the 18th February.
 - 1.3.4 There is a regular comparison of surveys and these are being done on a more frequent basis. The main problem area for patients was the limited telephone access due to there being only two lines in. This has been addressed as part of the relocation with the installation of a better telephony system.
 - 2.2.1 The induction training process is now more comprehensive and customer care training has been given to all staff. In addition staff have been given training on “turning the vision into reality.”
 - 3.2.2 The patient survey now includes questions about quality and the PPG have reviewed the website and recommended information to be included in future.
 - 3.3.1 The signage in the previous building was very poor in the front entrance making it difficult for new patients to find the correct part of the building for the service. This has been rectified during the relocation and signage is very good throughout the building.
 - 4.1.3 The PPG is now actively involved in reviewing and raising standards. At their last meeting in February they reviewed the patient information leaflets.
 - 4.3.3 All staff have been trained in the complaints handling process and there is much ongoing training.
- All staff and customers interviewed were complimentary about the level of consultation.
- There is a good system in place to monitor customer feedback and the vast majority are pleased with the outcome.
- Pennine MSK Partnership is still a unique service and finds it difficult to find benchmarking partners. However it is seen as a national centre of excellence with in-house service providers visiting to pick up best practice such as the self referral system.
- The feedback shows no real dips in performance. The only negative feedback was concerning the poor telephone system which had only two lines which meant an engaged tone for many customers. This has been rectified by the relocation and a new telephony system.

- Standards are set and monitored across the organisation and the business scorecard is a useful tool to ensure that this is done effectively.
- There is a good triage system for new patients and this has recently been tested and improved.
- Regular Clinical Peer Review Meetings have allowed the clinicians to ensure that patients receive the best possible treatment over the shortest number of visits.
- All patients interviewed were complimentary about the self referral appointments system. This empowers them to manage their own treatment.
- Performance standards are high and better than those in comparable in-house NHS services.
- The relocation of the service was achieved with the minimum of disruption and has been positively received by all customers and staff interviewed.

7. ACTION PLANNING

The achievement of Customer Service Excellence is an on-going activity and it is important that Pennine MSK Partnership continues to meet the elements of the criteria throughout the three years that the Hallmark is awarded. Efforts must be made by Customer Service Excellence Holders to continually improve their service.

Your next steps:

Short Term Action Planning

You should put in place an action plan to ensure you meet the requirement of the standard identified as being partially-compliant in Section 5 of this report. Your assessor will review the actions taken to meet these partial compliances at your next annual visit.

On-going review

It is a requirement of the Customer Service Excellence scheme that Holders must inform SGS of any major change in the service provision covered by the scope of the certificate. This includes reorganisation or mergers.

In addition SGS must be informed if the certificated service begins to receive a significant increase of customer complaints or critical press coverage.

If you are in doubt we strongly recommend contacting the Customer Service Team for advice on the significance of any service or organisation change or issues around customer complaints.

SGS will visit within the next 12 months for the Annual Review. The Customer Service Team will contact you 4 months before the visit is due to arrange this.

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