



# Assessment Report

## CUSTOMER SERVICE EXCELLENCE



The Government Standard

Pennine MSK Partnership

Ms M Taylor  
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**Type of Assessment:** Annual Review

**Standard:** Customer Service Excellence

**Assessor(s):** Bob Mandy

**Certification is:**  Continued

SGS United Kingdom Ltd  
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## 1. EXECUTIVE SUMMARY

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There has been little change to the staffing or the service provided by the organisation other than:

### **Staff**

Directly employed additions:

3 Healthcare Assistants

1 Clinical Assessment Nurse

1 Rheumatology Nurse Specialist

### **Seconded**

1 Consultant Rheumatologist

### **Service**

The transfer of Rheumatology patients from secondary care to our service is on-going.

The service is divided into two divisions, namely Administration and Clinical. Current Organisation and Role charts are included in the Annual Review Self Assessment Document.

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 no Partial compliances with the standard was identified. Details of this 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

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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

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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”

### 4. ON-SITE ASSESSMENT

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

The assessment took place over 1.0 days.

The assessment resulted in the raising of no partial compliance. A number of observations are listed in Section 6 of this report.

Details of the partial compliance can be found in section 5 for Pennine MSK Partnership 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	0
5	10	2	0	0

## **5. AREAS OF PARTIAL COMPLIANCE**

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### **CRITERION 1**

None

### **CRITERION 2**

None

### **CRITERION 3**

None

### **CRITERION 4**

None

### **CRITERION 5**

None

## **6. OBSERVATIONS**

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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: -

Closed out Partial Compliances

4.1.2 The website is user friendly but contains out of date addresses and performance data.

The website has been redesigned and is much more user friendly.

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

Complaints are now published.

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

This is now included on the website.

#### Areas for Improvement

- There is regular monitoring of DNA's but it would make sense to have this as a % which would make benchmarking and target improvement easier to monitor.
- The balanced scorecard is now on show across the Administration Division but I still think that Team Leaders could make more practical use of it.
- The service has its own waiting area on the 2<sup>nd</sup> floor but patients tend to sit in the general area as it is more interesting. Perhaps a television could be set up in the MSK area?

#### Areas of Good Practice

- The level of communication with customers through a variety of channels is very good and the concept of patient forums is still working well.
- Pennine MSK Partnership is still a unique service and has many visitors from other parts of the NHS. It is seen as a centre of excellence and it is hard to understand why it has not been replicated in other parts of the country.
- Levels of customer satisfaction are still very high with no dips in performance.
- The recruitment, training and development is excellent across the service.
- Admin staff are shadowing clinicians and the clinicians often sit in the same office as administration. This understanding of each others role ensures a good working relationship and ultimately improves the service to the public.
- It was good to see that the service was embracing new channels of communications to cut down on DNA. The pre-appointment calls and the use of SMS are particularly beneficial.
- Having an administrator on duty on the 2<sup>nd</sup> floor works well particularly rotating staff to give everyone a taste of the clinical areas and face to face contact with patients. The service offered on the second floor is very good and offering tea to patients if their appointment is delayed is going that one step further. All patients interviewed were complimentary about the service they received.
- All staff interviewed had up to date appraisals and PDPs with clear development opportunities such as following NVQ's
- The service has improved in all aspects of information provision each year since the initial CSE assessment in 2009.
- Pennine MSK Partnership has introduced a Service Improvement Team which comprises six people from across the admin and nursing team. Their role is to look at comments, ideas and suggestions from colleagues about how the service can be improved. It is clear that this team is proving a valuable aid in the organisation's drive to be more efficient and effective and also improve the service for the customer.

A number of these suggestions have been analysed and implemented:

- DNA (did not attend) rates are now monitored and patients are sent SMS text reminders and reminder calls for their appointments and it is hoped that there will be an improvement in DNA rates in the coming months. Monthly DNA numbers and % rates are displayed in clinic and reception areas to remind patients of the importance of attending appointments.
- To utilise the waiting room TV screen the team designed a visual giving the patients an opportunity to contact the service with any comments, compliments, complaints or feedback.
- All patient literature (information leaflets and appointment letters) have been updated to ask patients for up to date contact details, in particular mobile numbers for SMS text reminders.
- The team are currently looking at improving clinic appointment slot allocation, to reduce the numbers that are left empty as there is a high cost implication for both DNAs and not fully booking appointment slots.

## 7. ACTION PLANNING

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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:

### **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.