

# Assessment Report

## CUSTOMER SERVICE EXCELLENCE



The Government Standard

Pennine MSK Partnership

Ms M Taylor

Pennine MSK Partnership Ltd  
Integrated Care Centre  
New Radcliffe Street  
Oldham  
OL1 1NL

**Type of Assessment:** Recertification

**Standard:** Customer Service Excellence

**Assessor(s):** Bob Mandy

**Certification is:**  Continued

SGS United Kingdom Ltd  
SGS House  
217-221 London Road  
Camberley  
Surrey  
GU15 3EY

## 1. EXECUTIVE SUMMARY

---

The core service has changed little since the last visit other than the changes listed below. MSK employs 106 staff mostly based at the Integrated Care Centre in Oldham but also at a number of other sites in the district. This provides the community based service that best suits the MSK customer base.

### Staff Changes

#### Directly Employed Additions

Glynis Thorpe – Clinical Specialist Physiotherapist  
Dr Peter Klimiuk – Consultant Rheumatologist (previously seconded)  
Linda Kent – Infusion Nurse

### Service/Customer Groups

The transfer of Rheumatology patients from Secondary Care is complete including the Infusion service.

Following the assessment, Pennine MSK Partnership 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 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 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 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

---

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 one day.

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

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 NON / PARTIAL COMPLIANCE

---

##### CRITERION 1

None

##### CRITERION 2

None

##### CRITERION 3

None

##### CRITERION 4

None

##### CRITERION 5

None

## 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

System 1 the new IT system is a great step forward for the organisation but the implementation process by the IT company could have been better. There was no piloting of the system, little training for staff before hand and it did not meet all requirements prior to going live. It was made to work through the hard work of management and the good will of staff. The contractor has implemented this system for many GP surgeries but the partnership is unique and this should have been taken into account throughout the project.

Failures to turn up for appointments, DNA's are running at 211 or 8% in January 2012. This statistic is well publicised on the website and the notice boards. However, it may have more of an impact on patients if the partnership published the cost of DNA's in time and money. It might also have an impact if it was stressed that an 8% DNA rate also equates to waiting 8% longer for appointments.

Using Facebook and Twitter are being introduced but as a read only enhancement. The partnership should consider making this interactive for patients.

### Areas of Good Practice

The new IT system that has been developed and implemented is a great improvement on the previous systems it replaces. It is appreciated by all staff interviewed.

The new IT system has given an improved reporting platform for the Data Team and the partnership managers. It is early days but I am sure that these reports will provide valuable information for analysis and business improvements.

The Nurse Consultant role has been beneficial to the partnership with a greater emphasis on research projects. These allow the partnership to be at the leading edge of clinical developments and thus raise the profile of the organisation. In addition these projects generate revenue for the partnership.

The website continues to improve and is now easy to navigate and informative for patients.

The launch of the National Rheumatoid Arthritis Sufferers forum was a great success with more than seventy people attending. This will be a bi-monthly event this year.

The partnership is still being visited by interested parties such as the Extended Scope Physiotherapists from Scotland, a peer review by British Society of Rheumatology and a peer review visit from Blackpool Victoria and Salford Hope. These visits all made positive comments about the partnership and with all the interest in this unique service it is surprising that no other PCT has gone down this route of service provision.

The transfer of Rheumatology patients from Secondary Care including the Infusion service is another step forward in providing a one stop shop approach for patients.

It was good to hear that the service was visited by Lord Howe the Health Minister and that he was impressed with the service.

The staff team building day was appreciated by all staff interviewed and all felt that it was better run by partnership management rather than an external company.

The format of the staff survey has been changed to use an electronic version. The survey has been conducted and there has been a high response rate. It will be interesting to see the results next year.

All patients interviewed were pleased with the service and the facilities. The notice board is informative and up to date.

The continued practice of administrative staff working in the second floor clinical area is still working well. Staff interviewed felt that it gave them a better insight into the clinical side of the work and a closer rapport with patients.

## **7. ACTION PLANNING**

---

The achievement of Customer Service Excellence is an on-going activity and it is important that 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 MSK Partnership retains a copy of this report to aid continuous improvement and as a reference document for future assessment reviews.

## **8. RECERTIFICATION INFORMATION**

---

It is confirmed that all elements of the standard have been assessed at least once over the past 3 years

It is confirmed that all partial /non compliances raised over the last 3 years have been reviewed and improvement has been made against these

I confirm that certification should be continued