# CENTRE FOR ASSESSMENT LTD CUSTOMER SERVICE EXCELLENCE - ASSESSMENT RECORD



| Assessment Reference Number | Name of Organisation               |
|-----------------------------|------------------------------------|
| 13/0728                     | South Yorkshire Pensions Authority |

|                             | Name of Assessor |
|-----------------------------|------------------|
| Initial / 3 Year Assessment | Andrew Mackey    |
| Surveillance 1              |                  |
| Surveillance 2              |                  |

This document will be the key record of your organisation's assessment and surveillances. It will cover the whole of your organisation's journey from the first desktop review to the final surveillance activity.

#### CONTENTS

Section 1 Assessment Analysis - this will show the evidence seen by the assessor at each stage of the assessment process, together with the scoring for each element after the desk top review and after the on site visit.

#### Surveillance 1 and 2

- **Section 2** Surveillance documentation this will show the information that the client organisation will need to provide for the annual surveillance visits
- **Section 3** Surveillance reports this will contain the assessor's report on each surveillance activity

| First Desk-top Analysis Date   | Date Sent to Client                  | Date sent to CfA |
|--------------------------------|--------------------------------------|------------------|
| 12.03.14                       | 12.03.14                             | 12.03.14         |
| Second Desk-top Analysis Date  | Date Sent to Client                  | Date sent to CfA |
| NA                             | NA                                   | NA               |
| Assessment Visit Analysis Date | Date Assessment Analysis sent to CfA |                  |
| 26.03.14                       | 27.03.14                             |                  |
| Date of first surveillance     | Date of second surveillance          |                  |
| 26.03.15                       | 26.03.16                             |                  |

|     | Кеу                       |
|-----|---------------------------|
| CP  | Compliance Plus           |
| F   | Full Compliance           |
| Р   | Partial Compliance        |
| NC  | Non-compliance            |
| VO  | Evidence Verified On-Site |
| DTR | Desk-top Review           |
| AV  | Assessment Visit          |

# **SECTION 1 - ASSESSMENT ANALYSIS**

# **1. CUSTOMER INSIGHT**

| 1.1 Customer Identification   |  |   |  |               |                 |
|---|--|---|--|---------------|-----------------|
| Element   | Desk-top Evidence  | Key Questions / person asked?   | Visit(s) Day Evidence  | DTR<br>Result | Final<br>Result |
| 1.1.1<br>We have an in-depth<br>understanding of the<br>characteristics of our current<br>and potential customer<br>groups based on recent and<br>reliable information.                       | Member profiling<br>Data cleansing and reconciliation to ensure<br>accurate data   |   |  | F             | F               |
| 1.1.2<br>We have developed<br>customer insight about our<br>customer groups to better<br>understand their needs and<br>preferences.   | Use of DART data analysis tool<br>Consultation processes<br>Bespoke seminars for different age groups  |   |  | F             | F               |
| 1.1.3<br>We make particular efforts to<br>identify hard to reach and<br>disadvantaged groups and<br>individuals and have<br>developed our services in<br>response to their specific<br>needs. | Different approaches for different groups<br>(eg different newsletter covers for younger<br>members, easy to read formats,<br>information provided in different forms and<br>via different channels) | How successful<br>are you in<br>engaging<br>effectively with<br>younger<br>members, who<br>are traditionally<br>hard to engage<br>with on pensions<br>issues? | Revamp of newsletter<br>to produce 4 versions<br>to cover different age<br>groups and genders –<br>very innovative<br>approach to engaging<br>all ages | Ρ             | СР              |

| 1.2 Engagement and consul   | tation   |  |  |               |                   |
|---|--|--|--|---------------|-------------------|
| Element   | Desk-top Evidence  | Key Questions / person asked?  | Visit Day(s) Evidence  | DTR<br>Result | A Visit<br>Result |
| 1.2.1<br>We have a strategy for<br>engaging and involving<br>customers using a range of<br>methods appropriate to the<br>needs of identified customer<br>groups.  | Consultation and Communication Policy<br>Pensions Advisory Panel   | How do you make<br>sure the methods<br>you use to consult<br>with members are<br>appropriate to the<br>needs of different<br>groups? | Bespoke surveys for<br>specific events,<br>differentiated approach<br>for different age groups<br>and genders, offer<br>different ways for<br>people to give<br>feedback | Ρ             | F                 |
| 1.2.2<br>We have made the<br>consultation of customers<br>integral to continually<br>improving our service and we<br>advise customers of the<br>results and action taken.   | Consultation on all new initiatives<br>Regular feedback from members<br>Information on the impact of consultation<br>given in newsletters    | VO talking to customers  | VO   | Ρ             | F                 |
| 1.2.3<br>We regularly review our<br>strategies and opportunities<br>for consulting and engaging<br>with customers to ensure that<br>the methods used are<br>effective and provide reliable<br>and representative results. | Major review of strategy for consulting in<br>2012<br>Developing use of social networking<br>Exploring ways to improve attendance at<br>AGMs |  |  | F             | F                 |
| 1.3 Customer satisfaction   |  |  |  |               |                   |
| Element   | Desk-top Evidence  | Key Questions / person asked?  | Visit Day(s) Evidence  | DTR<br>Result | A Visit<br>Result |
| 1.3.1   | A selection of reports on recent customer  | How do you make  | Differentiated   | Р             | F                 |

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|----------------------------------|---|------------------------|-------------------------|---|---|
| We use reliable and accurate     | surveys including:                            | sure the methods       | approach to different   |   |   |
| methods to measure               | AGM 2013                                      | you use produce        | groups, stick to basic  |   |   |
| customer satisfaction on a       | Employers' Forum                              | reliable and           | questions and issues,   |   |   |
| regular basis.                   | New Payslip Letter                            | accurate results?      | mix of questions and    |   |   |
|                                  | Annual Pension Forecast                       |                        | free text               |   |   |
| 1.3.2                            | Fund review newsletters provide results of    |                        |                         | F | F |
| We analyse and publicise         | surveys to members                            |                        |                         |   |   |
| satisfaction levels for the full | Changes to arrangements for Annual            |                        |                         |   |   |
| range of customers for all       | Employers' Forum following feedback           |                        |                         |   |   |
| main areas of our service        | Development of 4 Customer Charters to         |                        |                         |   |   |
| and we have improved             | meet the needs of different member groups     |                        |                         |   |   |
| services as a result.            |   |                        |                         |   |   |
| 1.3.3                            | Development of specific questions for         |                        |                         | F | F |
| We include in our                | different surveys to focus on specific issues |                        |                         |   |   |
| measurement of satisfaction      | (eg at AGM)                                   |                        |                         |   |   |
| specific questions relating to   | Recognition of the impact of giving           |                        |                         |   |   |
| key areas including those on     | incentives for members to respond to          |                        |                         |   |   |
| delivery, timeliness,            | surveys                                       |                        |                         |   |   |
| information, access, and the     | Move away from global surveying as this       |                        |                         |   |   |
| quality of customer service,     | has least impact                              |                        |                         |   |   |
| as well as specific questions,   |   |                        |                         |   |   |
| which are informed by            |   |                        |                         |   |   |
| customer insight.                |   |                        |                         |   |   |
| 1.3.4                            | Target for 55% to be 'very satisfied' in      | The target seems       | Target is for 'very     | P | F |
| We set challenging and           | 2012/13, increased to 60% for 2013/14         | quite low – is         | satisfied' onlytarget   | F |   |
| 00                               |   |                        | for over 90% to be      |   |   |
| stretching targets for           |   | there a reason         |                         |   |   |
| customer satisfaction and our    |   | why this is the        | 'satisfied' or 'very    |   |   |
| levels are improving.            |   | case?                  | satisfied'              |   |   |
| 1.3.5                            | Bulk joint member mailing to increase         |                        |                         | F | F |
| We have made positive            | efficiency                                    |                        |                         |   |   |
| changes to services as a         | Personal assistance with form filling for all |                        |                         |   |   |
| result of analysing customer     | LA retirees – has resulted in fewer queries   |                        |                         |   |   |

| experience, including improved customer journeys. | at later stages |  |  |  |  |
|---|-----------------|--|--|--|--|
|---|-----------------|--|--|--|--|

# 2. THE CULTURE OF THE ORGANISATION

| 2.1 Leadership, policy and c  | culture  |                                  |                       |               |                   |
|---|--|----------------------------------|-----------------------|---------------|-------------------|
| Element   | Desk-top Evidence  | Key Questions /<br>person asked? | Visit Day(s) Evidence | DTR<br>Result | A Visit<br>Result |
| 2.1.1<br>There is corporate<br>commitment to putting the<br>customer at the heart of<br>service delivery and leaders<br>in our organisation actively<br>support this and advocate for<br>customers. | Commitment to Excellence programme<br>started in 2010. Eight values identified:<br>• Customer Focus<br>• Integrity<br>• Teamwork<br>• Respect<br>• Innovation<br>• Enthusiasm<br>• Professionalism<br>• Continuous improvement<br>Communicated in induction and promoted<br>around the offices | VO talking to staff              | VO                    | P             | F                 |
| 2.1.2<br>We use customer insight to<br>inform policy and strategy<br>and to prioritise service<br>improvement activity.   | Use of Employers Forum and employers<br>groups to continue to develop insight.<br>Work with employers on EPIC (Employers<br>Pensions Information Centre)   |                                  |                       | F             | F                 |
| 2.1.3<br>We have policies and<br>procedures, which support<br>the right of all customers to<br>expect excellent levels of<br>service.   | Customer Charters for different groups<br>SLA content<br>Commitment to Excellence and key values   |                                  |                       | F             | F                 |

| 2.1.4<br>We ensure that all customers<br>and customer groups are<br>treated fairly and this is<br>confirmed by feedback and<br>the measurement of<br>customer experience. | Customer satisfaction results<br>Feedback from members (eg unsolicited<br>thank you letters)<br>Over 95% of members 'satisfied' and 66%<br>'very satisfied'   | VO talking to<br>customers                                     | VO | Ρ | F |
|---|---|--|----|---|---|
| 2.1.5<br>We protect customers'<br>privacy both in face-to-face<br>discussions and in the<br>transfer and storage of<br>customer information.                              | Data Protection Policy<br>Password services<br>Sophisticated IT provision   | VO talking to<br>customers and<br>staff and via<br>observation | VO | Ρ | F |
| 2.1.6<br>We empower and encourage<br>all employees to actively<br>promote and participate in<br>the customer-focused culture<br>of our organisation.                      | Mix of structured approaches and flexibility<br>for staff to address specific issues for<br>different members<br>Focus on staff development and continuous<br>improvement<br>Commitment to Excellence | VO talking to staff  | VO | Ρ | F |

| Element   | Desk-top Evidence   | Key Questions / person asked? | Visit Day(s) Evidence | DTR<br>Result | A Visit<br>Result |
|---|---|-------------------------------|-----------------------|---------------|-------------------|
| 2.2.1<br>We can demonstrate our<br>commitment to developing<br>and delivering customer<br>focused services through our<br>recruitment, training and<br>development policies for<br>staff. | Job adverts emphasise the need for<br>customer service<br>Personal Development programme for staff<br>Performance management and appraisal<br>process | VO talking to staff           | VO                    | P             | F                 |

| 2.2.2                         | Customer Charters                              | VO talking to       | VO                   | Р | F |
|-------------------------------|--|---------------------|----------------------|---|---|
| Our staff are polite and      | Informal monitoring by managers                | customers and       |                      |   |   |
| friendly to customers and     | Unsolicited thank you letters and              | via observation     |                      |   |   |
| have an understanding of      | compliments                                    |                     |                      |   |   |
| customer needs.               |  |                     |                      |   |   |
| 2.2.3                         | Appraisal process (new process to be           | VO talking to staff | VO                   | Р | F |
| We prioritise customer focus  | introduced in April following input from staff |                     |                      |   |   |
| at all levels of our          | group)   |                     |                      |   |   |
| organisation and evaluate     | Refresher customer service training for all    |                     |                      |   |   |
| individual and team           | staff  |                     |                      |   |   |
| commitment through the        | Effective use of efficient IT systems          |                     |                      |   |   |
| performance management        |  |                     |                      |   |   |
| system.                       |  |                     |                      |   |   |
| 2.2.4                         | Longstanding staff – therefore in a better     | Any specific        | Changes to forms for | Р | F |
| We can demonstrate how        | position to develop insight and ideas for      | examples of         | customers – leads to |   |   |
| customer-facing staffs'       | improvements                                   | changes made to     | smoother and more    |   |   |
| insight and experience is     | Use of specific groups (eg procedures          | services as a       | efficient responses  |   |   |
| incorporated into internal    | group, strategy group, management group)       | result of feedback  | from staff           |   |   |
| processes, policy             | Impact of staff on development of new          | from staff?         | Use of SharePoint to |   |   |
| development and service       | appraisal processes                            |                     | encourage ideas and  |   |   |
| planning.                     |  |                     | suggestions          |   |   |
| 2.2.5                         | Measured workloads                             | VO talking to staff | VO                   | Р | F |
| We value the contribution our | Quarterly reporting of performance to          |                     |                      |   |   |
| staff make to delivering      | elected members                                |                     |                      |   |   |
| customer focused services,    | Regular congratulations to staff on high       |                     |                      |   |   |
| and leaders, managers and     | performance levels                             |                     |                      |   |   |
| staff demonstrate these       | High level of support for IT systems           |                     |                      |   |   |
| behaviours.                   |  |                     |                      |   |   |

# 3. INFORMATION AND ACCESS

3.1 You widely publicise access to your services and their availability

| Element  | Desk-top Evidence  | Key Questions / person asked? | Visit Day(s) Evidence | DTR<br>Result | A Visit<br>Result |
|--|--|-------------------------------|-----------------------|---------------|-------------------|
| 3.1.1<br>We make information about<br>the full range of services we<br>provide available to our<br>customers and potential<br>customers, including how<br>and when people can contact<br>us, how our services are run<br>and who is in charge. | Newsletters, forecasts, scheme booklets,<br>website, leaflets  |                               |                       | F             | F                 |
| 3.1.2<br>Where there is a charge for<br>services, we tell our<br>customers how much they<br>will have to pay.  | Most services are free but charges are<br>made (eg for replacement P60) and these<br>are explained in Retirement Benefits<br>booklet |                               |                       | F             | F                 |

| Element  | Desk-top Evidence  | Key Questions /<br>person asked? | Visit Day(s) Evidence | DTR<br>Result | A Visit<br>Result |
|--|--|----------------------------------|-----------------------|---------------|-------------------|
| 3.2.1<br>We provide our customers<br>with the information they<br>need in ways which meet<br>their needs and preferences,<br>using a variety of appropriate<br>channels. | Range of options advertised on web page – include face to face, phone, email, letter | VO talking to customers          | VO                    | Ρ             | F                 |

| 3.2.2<br>We take reasonable steps to<br>make sure our customers<br>have received and<br>understood the information<br>we provide.   | Use of standard letters<br>Impact of Editorial Group<br>Skilled staff who are capable of checking<br>understanding<br>Invitation on all written information to<br>contact Authority if any questions | VO talking to staff<br>and to customers | VO                    | Ρ             | F                 |
|---|--|---|-----------------------|---------------|-------------------|
| 3.2.3<br>We have improved the<br>range, content and quality of<br>verbal, published and web<br>based information we<br>provide to ensure it is<br>relevant and meets the<br>needs of customers.                                       | Regular updates to website<br>EPIC user guide<br>Regular review of standard letters<br>Planned enhancements to self-service<br>options   |   |                       | F             | F                 |
| 3.2.4<br>We can demonstrate that<br>information we provide to our<br>customers is accurate and<br>complete, and that when this<br>is not the case we advise<br>customers when they will<br>receive the information they<br>requested. | Standard letters to explain delays (eg due<br>to third party delay)<br>Example of email to customer explaining<br>process for dealing with complaints and the<br>timescales involved                 | VO talking to staff                     | VO                    | Ρ             | F                 |
| 3.3 Access  |  |   |                       |               |                   |
| Element   | Desk-top Evidence  | Key Questions /<br>person asked?        | Visit Day(s) Evidence | DTR<br>Result | A Visit<br>Result |
| 3.3.1<br>We make our services easily<br>accessible to all customers<br>through provision of a range<br>of alternative channels.   | Range of options including phone, letter,<br>face to face, email. Alternative formats<br>provided including Braille, audio, large<br>print, alternative languages                                    |   |                       | F             | F                 |

| 3.3.2<br>We evaluate how customers<br>interact with the organisation<br>through access channels and<br>we use this information to<br>identify possible service<br>improvements and offer<br>better choices. | Impact of feedback from members – eg<br>move to provide more self service functions<br>Data collected re phone calls, emails and<br>personal visits. Identified that more<br>members giving email address – therefore<br>now email the newsletters<br>Development of alternative electronic<br>format for information that is compatible<br>with wider range of devices |                            |    | F | F |
|---|---|----------------------------|----|---|---|
| 3.3.3<br>We ensure that where<br>customers can visit our<br>premises in person facilities<br>are as clean and comfortable<br>as possible.   | All locations have access to private<br>interview rooms<br>Recent relocation of local offices to more<br>modern state of the art offices – very<br>positive feedback from members   | VO via<br>observation      | VO | P | F |
| 3.4 Cooperative working with  | h other providers, partners and communitie  | es                         |    |   |   |
| 3.4.1<br>We have made<br>arrangements with other<br>providers and partners to<br>offer and supply co-ordinated<br>services, and these<br>arrangements have<br>demonstrable benefits for our<br>customers.   | Work with employers to gather, maintain<br>and update data about members<br>Training, support and guidance offered to<br>employers to develop more a sense of<br>partnership<br>Provision of workshops for employers –<br>helps them provide better information for<br>their staff  | VO talking to<br>employers | VO | P | F |

| 3.4.2                         | SLAs with employers                      |  | F | F |
|-------------------------------|--|--|---|---|
| We have developed co-         |  |  |   |   |
| ordinated working             |  |  |   |   |
| arrangements with our         |  |  |   |   |
| partners that ensure          |  |  |   |   |
| customers have clear lines of |  |  |   |   |
| accountability for quality of |  |  |   |   |
| service.                      |  |  |   |   |
| 3.4.3                         | Support for local and national charities |  | F | F |
| We interact within wider      | Work with local Tourist Information to   |  |   |   |
| communities and we can        | promote local areas                      |  |   |   |
| demonstrate the ways in       | Donated computer equipment to charity    |  |   |   |
| which we support those        | working to get long term unemployed back |  |   |   |
| communities.                  | into work                                |  |   |   |

# 4 DELIVERY

| 4.1 Delivery standards  |  |                               |                       |               |                   |  |  |  |  |
|---|--|-------------------------------|-----------------------|---------------|-------------------|--|--|--|--|
| Element   | Desk-top Evidence                      | Key Questions / person asked? | Visit Day(s) Evidence | DTR<br>Result | A Visit<br>Result |  |  |  |  |
| 4.1.1<br>We have challenging<br>standards for our main<br>services, which take account<br>of our responsibility for<br>delivering national and<br>statutory standards and<br>targets. | Customer Charters<br>Service standards |                               |                       | F             | F                 |  |  |  |  |

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| 4.1.2<br>We monitor and meet our<br>standards, key departmental<br>and performance targets,<br>and we tell our customers<br>about our performance.   | Official monthly monitoring (although<br>individuals and managers tend to monitor<br>daily)<br>Quarterly reports to elected members<br>(public documents)<br>Results published in Annual Reports and in<br>Newsletters |                               |                       | F             | F                 |
|--|--|-------------------------------|-----------------------|---------------|-------------------|
| <ul> <li>4.1.3</li> <li>We consult and involve customers, citizens, partners and staff on the setting, reviewing and raising of our local standards.</li> <li>4.2 Achieved delivery and o</li> </ul> | Regular consultation with employers and<br>with members on service standards   |                               |                       | F             | F                 |
| Element  | Desk-top Evidence  | Key Questions / person asked? | Visit Day(s) Evidence | DTR<br>Result | A Visit<br>Result |
| 4.2.1<br>We agree with our customers<br>at the outset what they can<br>expect from the service we<br>provide.  | Welcome pack, Customer Charters and Benefits Booklet   |                               |                       | F             | F                 |
| 4.2.2<br>We can demonstrate that we<br>deliver the service we<br>promised to individual<br>customers and that<br>outcomes are positive for the<br>majority of our customers.                         | Performance reports<br>Satisfaction survey results<br>Unsolicited compliments and thanks   |                               |                       | F             | F                 |

| 4.2.3<br>We can demonstrate that we<br>benchmark our performance<br>against that of similar or<br>complementary<br>organisations and have used<br>that information to improve<br>our service.               | Benchmarking against over 60 LGPS<br>shows favourable comparisons   | Have you been<br>able to use<br>benchmarking<br>data to improve<br>your service?   | Keeping on top of<br>costing issues<br>Currently reviewing<br>turnaround times   | Ρ             | F                 |
|---|---|--|--|---------------|-------------------|
| 4.2.4<br>We have developed and<br>learned from best practice<br>identified within and outside<br>our organisation, and we<br>publish our examples<br>externally where appropriate.                          | Encourage visits from other providers to<br>share good practice<br>Shared specific good practice – eg<br>factsheet developed to explain the impacts<br>of reduction in tax free pension savings   | Any examples of<br>good practice you<br>have picked up<br>from other<br>providers? | Use of 'Find my lost<br>pension', Payslip letter<br>(from Greater<br>Manchester Pensions),<br>ideas shared from<br>Communications<br>Group | Ρ             | F                 |
| 4.3 Deal effectively with pro   | blems   |  |  |               |                   |
| Element   | Desk-top Evidence   | Key Questions /<br>person asked?   | Visit Day(s) Evidence  | DTR<br>Result | A Visit<br>Result |
| 4.3.1<br>We identify any dips in<br>performance against our<br>standards and explain these<br>to customers, together with<br>action we are taking to put<br>things right and prevent<br>further recurrence. | Close monitoring of performance to show<br>up any potential problems<br>Flexible approach to work allocation to deal<br>with peaks and troughs<br>Specific initiatives – eg to help deal with<br>large number of redundancies over a short<br>period of time<br>Clear business continuity plan in place |  |  | F             | F                 |

| 4.3.2<br>We have an easy to use<br>complaints procedure, which<br>includes a commitment to<br>deal with problems fully and<br>solve them wherever<br>possible within a reasonable<br>time limit.                                | Clear process detailed in leaflet, standard<br>letters and on website – clear information<br>about how to process formal complaints |   |  | F | F |
|---|---|---|--|---|---|
| 4.3.3<br>We give staff training and<br>guidance to handle<br>complaints and to investigate<br>them objectively, and we can<br>demonstrate that we<br>empower staff to put things<br>right.                                      | Refresher training for staff and managers<br>Written guidance on handling complaints  | VO talking to staff                             | VO   | Ρ | F |
| 4.3.4<br>We learn from any mistakes<br>we make by identifying<br>patterns in formal and<br>informal complaints and<br>comments from customers<br>and use this information to<br>improve services and<br>publicise action taken. | Specific changes and developments made<br>to address issues raised in complaints – eg<br>AVC leaflet produced                       |   |  | F | F |
| 4.3.5<br>We regularly review and<br>improve our complaints<br>procedure, taking account of<br>the views of customers,<br>complainants and staff.  | Review currently underway with customers<br>who have used the complaints process<br>over the last 2 years                           | What is the<br>current status of<br>the review? | 15 members consulted<br>but only 1 returned –<br>deadline is the end of<br>April and they will<br>chase up | Ρ | F |

| 4.3.6                          | People who have used the complaints      |  | F | F |
|--------------------------------|--|--|---|---|
| We ensure that the outcome     | process are surveyed every 2 years to    |  |   |   |
| of the complaint process for   | assess satisfaction with the process and |  |   |   |
| customers (whose complaint     | outcomes                                 |  |   |   |
| is upheld) is satisfactory for |  |  |   |   |
| them.                          |  |  |   |   |

# 5. TIMELINESS AND QUALITY OF SERVICE

| 5.1 Standards for Timeliness and Quality   |   |                               |                       |               |                   |  |  |  |  |
|--|---|-------------------------------|-----------------------|---------------|-------------------|--|--|--|--|
| Element  | Desk-top Evidence   | Key Questions / person asked? | Visit Day(s) Evidence | DTR<br>Result | A Visit<br>Result |  |  |  |  |
| 5.1.1<br>We set appropriate and<br>measurable standards for the<br>timeliness of response for all<br>forms of customer contact<br>including phone calls, letters,<br>e-communications and<br>personal callers. | Customer Charters and service standards<br>cover issues of timeliness and quality |                               |                       | F             | F                 |  |  |  |  |
| 5.1.2<br>We set comprehensive<br>standards for all aspects of<br>the quality of customer<br>service to be expected in all<br>dealings with our<br>organisation.  | Covered in Customer Charters and in service standards information                 |                               |                       | F             | F                 |  |  |  |  |
| 5.2 Timely Outcomes  |   |                               |                       |               |                   |  |  |  |  |
| Element  | Desk-top Evidence   | Key Questions / person asked? | Visit Day(s) Evidence | DTR<br>Result | A Visit<br>Result |  |  |  |  |

| 5.2.1<br>We advise our customers and<br>potential customers about our<br>promises on timeliness and<br>quality of customer service.  | Customer Charters<br>Web site<br>Welcome pack<br>Scheme leaflets   |  |    | F | F |
|--|--|--|----|---|---|
| 5.2.2<br>We identify individual<br>customer needs at the first<br>point of contact with us and<br>ensure that an appropriate<br>person who can address the<br>reason for contact deals with<br>the customer.               | Training and development for staff,<br>including counselling and bereavement<br>training if appropriate<br>Staff not allowed to deal with members until<br>fully trained | VO talking to<br>customers and<br>via observation              | VO | Ρ | F |
| 5.2.3<br>We promptly share customer<br>information with colleagues<br>and partners within our<br>organisation whenever<br>appropriate and can<br>demonstrate how this has<br>reduced unnecessary contact<br>for customers. | Dashboard system allows staff to view all<br>documents, emails, telephone logs, case<br>notes, advisory appointments, on-going<br>queries relating to each member.       | VO talking to staff<br>and customers<br>and via<br>observation | VO | Ρ | F |
| 5.2.4<br>Where service is not<br>completed at the first point of<br>contact we discuss with the<br>customer the next steps and<br>indicate the likely overall time<br>to achieve outcomes.                                 | IT system includes task reminder to make<br>sure issues are dealt with in a timely<br>fashion<br>Regular reminders issued if delay caused<br>by third party              | VO talking to<br>customers and<br>via observation              | VO | Ρ | F |

| 5.2.5<br>We respond to initial<br>enquiries promptly, if there is<br>a delay we advise the<br>customer and take action to<br>rectify the problem.                     | Clear performance standards set and<br>generally met<br>Enquiries handled in date order – any that<br>are in danger of going over time are<br>highlighted by the system so action can be<br>taken                      | VO talking to<br>customers and<br>via observation | VO | Ρ | F |
|---|--|---|----|---|---|
| 5.3 Achieved Timely Delivery  |  |   |    |   |   |
| 5.3.1<br>We monitor our performance<br>against standards for<br>timeliness and quality of<br>customer service and we take<br>action if problems are<br>identified.    | Monitored as part of performance<br>monitoring and review<br>Use of external measures (mystery<br>shoppers, benchmarking) to ensure<br>performance is at an acceptable level   |   |    | F | F |
| 5.3.2<br>We are meeting our current<br>standards for timeliness and<br>quality of customer service<br>and we publicise our<br>performance against these<br>standards. | Performance confirmed by monitoring<br>processes, mystery shopping and through<br>feedback from members<br>Results publicised in Annual Reports and<br>newsletters and in reports to elected<br>members                |   |    | F | F |
| 5.3.3<br>Our performance in relation to<br>timeliness and quality of<br>service compares well with<br>that of similar organisations.                                  | Benchmarking group report shows high<br>performance at lower than average cost<br>Clear evidence from meetings and<br>discussions with colleagues in other<br>providers that SY are ahead of the game in<br>many areas |   |    | F | F |

# **Compliance plus Justification:** 1.1.3 – Traditionally very difficult to engage with young people on pensions. Have developed differentiated newsletters with 4 different versions to appeal to different age groups and gender

## **SECTION 2 – FIRST SURVEILLANCE DOCUMENTATION**

| Assessment Reference Number: |                                    |                          |
|------------------------------|------------------------------------|--------------------------|
| Name of Assessor:            | Date of First Surveillances Visit: | Number of Days required: |
| Andrew Mackey                | 26.03.15                           | 1.25                     |

| Surveillance category after initial assessment (High or Low): | Surveillance category after first surveillance (High or Low): |
|---|---|
| LOW   | LOW   |

#### Note for the client:

In order to maintain your accreditation under Customer Service Excellence your assessor needs to make surveillance visit one year after you are first accredited. Your surveillance visit will take place in March 2015. The main focus for the surveillance will be to look at what progress has been made against any development points raised in the initial report and any changes that have occurred since your first assessment. If your surveillance category is High after your first surveillance visit an on- site visit will be required for your second surveillance, this will be discussed with you by your assessor at the end of your first Surveillance.

Centre for Assessment will contact you in January 2015 and request the following documents:

| Item   | Assessor to Confirm<br>Receipt |
|--|--------------------------------|
| <ul> <li>Latest performance data for your core business - this needs to show how well you have<br/>performed against the standards you have set</li> </ul> | $\checkmark$                   |
| <ul> <li>Details of any review of your service delivery or service standards since your first assessment</li> </ul>  |                                |
| <ul> <li>Latest customer satisfaction results</li> </ul>   |                                |
| <ul> <li>Latest complaints report</li> </ul>   |                                |
| <ul> <li>Latest Annual Report</li> </ul>   |                                |
| <ul> <li>Details of any changes made since your last assessment</li> </ul>   |                                |

You will also be asked to provide responses to the following development points raised after your first assessment:

| Devel | opment Points:  |
|-------|---|
| •     | it will be important to ensure a clear evaluation of the impact of the attempts to engage more effectively with young people (eg through changes to the newsletter) to ensure that these changes do produce positive results. |
|       | as the organisation heads into challenging times it is important that the focus on performance is maintained and that any dips in service are addressed and customers kept informed.  |
|       | feedback from customers on the complaints procedure should be chased to make sure that any necessary changes are identified and can be<br>implemented.  |
| •     | the concept of the internal customer (ie colleagues as customers) has been developed successfully in some parts of the organisation but this could be made more explicit and more fully embedded across the organisation.     |
| •     | consider how the organisation might achieve more 'compliance plus' at the surveillance visit next year  |

On-site visit: Clients undergoing their first surveillance against Customer Service Excellence and all high risk surveillance category clients will have an on-site visit from their Assessor. This visit must take place 12 months after your initial assessment.

#### The following activities have been identified for this on-site visit:

| Activities  |                       |  |  |
|-------------|-----------------------|--|--|
| Generic     |                       | Use of certification mark  |  |
|             |                       | Check key service and customer care information is available         |  |
|             |                       | for customers  |  |
|             |                       | Observe the service in action  |  |
|             |                       | Talk to customers, staff and partners to obtain views on the service |  |
| Onsite plan |                       |  |  |
| Date/Time   | Key people to be seen | Key issues to be explored  |  |
| 26.03.15    |                       |  |  |
| 11.45       | Joanne Webster        | Welcome  |  |
|             |                       | Opening meeting  |  |
| 12.00       | lan Baker             | Overview of current situation  |  |
|             |                       | New Pension Scheme   |  |
|             |                       | New IT system  |  |

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| 12.30 |                           | Review of documents submitted                           |
|-------|---------------------------|---|
| 13.00 | Customer focus group (x6) | Overview of the service received                        |
|       |                           | Perception of changes to service                        |
|       |                           | Improvements needed                                     |
| 14.00 |                           | Review of documents submitted                           |
| 14.30 | Staff focus group (x ***) | Changes since last assessment                           |
|       |                           | Dealing with the current issues                         |
|       |                           | Support provided to help with challenges over last year |
|       |                           | Empowerment to deal with queries and issues             |
|       |                           | What could be better                                    |
| 15.30 |                           | Assessor review time                                    |
| 16.00 | Joanne Webster            | Feedback and closing meeting                            |

#### **SECTION 3 – FIRST SURVEILLANCE REPORTS**

#### FIRST SURVEILLANCE

Since the initial assessment there have been a number of significant changes that have had an impact on the service delivered to members. The new Local Government Pension Scheme was introduced in April and the Authority also moved to new IT software from a different provider. This was in conjunction with 7 other authorities and all have experienced a degree of problems with the new system. The processes are not all working effectively and this has slowed response times in many cases. This has been especially frustrating for staff who have been used to delivering over and above the industry standards. However, a number of things have been put in place to help ensure that members continue to get a good service. 5 priority groups all get focussed attention. Saturday overtime has been offered each week to help reduce the backlogs that have built up and work is being done with the software provider to help resolve the issues and make the systems smoother and more efficient. Work has also been done both with employers and members to help manage their expectations during this difficult period. However, because the service standards set by SYPA were so high, the reduced level of service they are now offering is still in line with that offered across the sector.

#### What has changed since the first assessment in relation to each of the 5 criteria?

#### Criterion 1 Customer Insight

- Further customer insight gained from complaints survey
- Further customer insight from survey re combined payslip and P60

#### Criterion 2 Culture of the Organisation

- Staff have taken it very personally that the organisation hasn't been able to meet its deadlines and they have pulled together to bring performance back in line
- Very positive feel from the staff about how they are doing now once commented 'if you had asked us that 6 months ago it would have been a very different picture'
- Great support offered from managers and from the senior levels of the organisation

#### Criterion 3 Information and access

- Development of checklist for individuals to cover everything when someone dies followed a request from a member
- Information provided for members and employers about the changes being made and the potential impacts on service

- Expectations have been managed well
- Changes to newsletter following survey of opinions from members
- Survey of views on gender- and age-specific newsletters

# Criterion 4 Delivery

- Focus on priority groups to make sure deadlines are met wherever possible
- Report submitted re complaints survey

# Criterion 5 Timeliness and quality of service

- Dips have occurred due to the change in Pension scheme and in the software being used
- Overtime offered for weekends to clear the backlog

# What progress has the client made against the development points raised in the first report?

- it will be important to ensure a clear evaluation of the impact of the attempts to engage more effectively with young people (eg through changes to the newsletter) to ensure that these changes do produce positive results.
   Surveys done on the impacts of the gender- and age-specific newsletters
- as the organisation heads into challenging times it is important that the focus on performance is maintained and that any dips in service are addressed and customers kept informed.
   Clear focus on performance maintained – overtime being offered to help reduce the backlogs that have built up
- feedback from customers on the complaints procedure should be chased to make sure that any necessary changes are identified and can be implemented.
   Survey responses provided
- the concept of the internal customer (ie colleagues as customers) has been developed successfully in some parts of the
  organisation but this could be made more explicit and more fully embedded across the organisation.
  Not specifically addressed
- consider how the organisation might achieve more 'compliance plus' at the surveillance visit next year Not specifically addressed – probably not appropriate at present due to the current problems being faced

# Has the scoring against any elements changed since the first assessment? No changes noted

# Scoring

- To achieve the Standard an organisation may not have any non-compliances
- To achieve the Standard organisations must demonstrate compliance with each of the criteria. To do so the organisation must achieve full compliance or Compliance plus in at least 80% of the elements contained in each of the criteria
- The maximum number of partial compliances allowed within each criterion is shown in the table below

| Criterion | Number of Elements | Maximum number of<br>partial compliances | Actual number of<br>Partial compliances | Actual number of<br>compliance plus<br>elements |
|-----------|--------------------|--|---|---|
| 1         | 11                 | 2  | 0                                       | 1   |
| 2         | 11                 | 2  | 0                                       | 0   |
| 3         | 12                 | 2  | 0                                       | 0   |
| 4         | 13                 | 3  | 0                                       | 0   |
| 5         | 10                 | 2  | 0                                       | 0   |

# SECTION 2 – SECOND SURVEILLANCE DOCUMENTATION

| Assessment Reference Number |                                    |                         |
|-----------------------------|------------------------------------|-------------------------|
| Name of Assessor            | Date of Second Surveillances Visit | Number of Days required |
| Andrew Mackey               | 26.03.16                           | 0.5                     |

| Surveillance category after first surveillance (High or Low): | Surveillance category after second surveillance (High or Low): |
|---|--|
| LOW   |  |

#### Note for the client:

In order to maintain your accreditation under Customer Service Excellence your assessor needs to complete a surveillance activity one year after you are previous surveillance activity. Your surveillance activity will take place in March 2016. The main focus for the surveillance will be to look at what progress has been made against any development points raised in the previous surveillance activity and any changes that have occurred since your last surveillance. If your surveillance category is High after your first surveillance visit an on- site visit will be required for your second surveillance, this will be discussed with you by your assessor at the end of your first Surveillance visit.

Centre for Assessment will contact you in January 2016 and request the following documents:

| Item   | Assessor to Confirm<br>Receipt |
|--|--------------------------------|
| <ul> <li>Latest performance data for your core business - this needs to show how well you have<br/>performed against the standards you have set</li> </ul> |                                |
| <ul> <li>Details of any review of your service delivery or service standards since your first assessment</li> </ul>  |                                |
| <ul> <li>Latest customer satisfaction results</li> </ul>   |                                |
| <ul> <li>Latest complaints report</li> </ul>   |                                |
| <ul> <li>Latest Annual Report</li> </ul>   |                                |
| <ul> <li>Details of any changes made since your last assessment</li> </ul>   |                                |

You will also be asked to provide responses to the following development points raised after your Surveillance: **Development Points:** 

- the concept of the internal customer (ie colleagues as customers) has been developed successfully in some parts of the organisation but this could be made more explicit and more fully embedded across the organisation.
- consider how the organisation might achieve more 'compliance plus' at the surveillance visit next year

#### **Off-site assessment:**

Clients undergoing their second surveillance against the Customer Service Excellence that fall into the LOW risk category.

#### **On-site assessment:**

Clients undergoing their second surveillance against the Customer Service Excellence that fall into the HIGH risk category.

The following activities have been identified for the off-site assessment

| Off site plan |                       |                                       |
|---------------|-----------------------|---------------------------------------|
| Date/Time     | Key people to be seen | Key issues to be explored             |
| 26.03.16      |                       | Review documentary evidence submitted |
|               |                       | Phone call to client if necessary     |
|               |                       | Update assessment record              |

## SECTION 3 - SECOND SURVEILLANCE REPORT (to be completed by the assessor after each surveillance)

# SECOND SURVEILLANCE

What has changed since the first assessment in relation to each of the 5 criteria? (Assessor to insert details under each criterion)

- Criterion 1 Customer Insight
- Criterion 2 Culture of the Organisation
- Criterion 3 Information and access
- Criterion 4 Delivery
- Criterion 5 Timeliness and quality of service

What progress has the client made against the development points raised at last surveillance? (Assessor to list development points and updates)

Has the scoring against any elements changed since the first assessment? (Assessor to list changes)

# Scoring

- To achieve Customer Service Excellence an organisation may not have any non-compliances
- To achieve Customer Service Excellence organisations must demonstrate compliance with each of the criteria. To do so the organisation must achieve full compliance or Compliance plus in at least 80% of the elements contained in each of the criteria
- The maximum number of partial compliances allowed within each criterion is shown in the table below

| Criterion | Number of Elements | Maximum number of   | Actual number of    | Actual number of major |
|-----------|--------------------|---------------------|---------------------|------------------------|
|           |                    | partial compliances | Partial compliances | non-compliances        |
| 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                      |