

# Service delivery essay

Business, Management



Introduction: The major factor which determines the success of a health and social care organization, is its effectiveness of service delivery. The way they offer their services to their customers, the quality of those services, the expectations of the service quality in the minds of the people, etc are really important, when considering the effectiveness of service delivery. The service delivery and associated service operations play a very critical role in achieving customer satisfaction. Only satisfied customer will have loyalty to the organization.

This is very important, as the loyal customers are considered as the most invaluable asset for the business organization, especially in this highly competitive business environment. There are chances for having some gaps between the customer's expectations especially about the service delivery, quality of service, customer service etc and with that of the company's service delivery strategy. When there is a difference between the customer driven service designs and standards, and with the service delivery, a gap will be created. Every organization, especially service organizations will try to reduce the gap or even avoid the gap, by developing service strategies and processes as per the expectations of the customers or as the way the customers wants it. The employees have got great role in overcoming or even avoiding this gap. Its all depend upon the service of the employees.

If they offer high standard customer service, that will make the customers satisfied. And satisfied customers are loyal customers. The employees actually got the boundary spanning roles and if they are fulfilling their job roles effectively, the service delivery and quality won't be of any issues.

Through their exceptional quality of offering services, to the customers, the

employees could even develop a unique service culture which is also essential for determining the success of the entire organization. The importance of service operations: Fig: 1 service marketing triangle.

The various service operations and the service delivery strategies, have got direct impact over the development of customer satisfaction. As we see in the above figure, it is the employees of the organization who actually connects the external market (customers) with the internal environment (company), through interactive services (service delivery), for keeping the promises. The quality of service operations act as a deciding factor for the achievement of high levels of customer satisfaction, productivity and profit. This is explained in the service profit chain, depicted below. The service operations are provided by the employees of the organization. Where there is no skilled employees for service delivery, the quality of service operations as well as the level of customer satisfaction and profitability decreases. Therefore, it is very important to deliver high quality service operations by efficient employees, because: The employees are the service organization in the eyes of the customers. The quality of service operations is the brand image in customer's eyes.

They are the marketers. Even if we look at the service marketing triangle, the service profit chain etc, the role of employees offering exceptional quality of service operations are evident. There are certain effective strategies developed for closing the gap 3, in combination with the human resource management and the service delivery department of an organization. Those strategies are depicted in the figure given below: Fig: 3 Strategies for closing

gap3The service delivery organisations, including the health and social care service organisations, could follow these strategies to overcome the existing limitations of the various service operations and to achieve high levels of customer satisfaction.

Using all these tools and techniques, the customer expectations should be met by offering excellent quality of services. Quality in health and social care sector: Quality is an often discussed word in the health and social care sector. There are definite quality standards, for each and every services in the health and social care sector. These quality standards are often remain as an inevitable part of a much broader framework. The major aim behind all these quality standards is to ensure and to raise the quality standards of health and social care services, throughout the country. These quality standards were formally launched on march 14th 2006 and sill updating and following. There are certain areas which are guided by these quality standards: Always give the chance to all health and social care organizations and other organizations to measure and assess their own performance and quality standards, and demonstrate improvements.

To offer help for the service users and carers for understanding the expected and offered levels of quality of various services which they are entitled to Helps to make sure that the health and social are organisations are well aware about the various duties and responsibilities they have got in respect to human rights and the equality in the opportunity for people within the nation. To provide the formal assessment of the quality standards and safety strategies within the health and social care services. Duty of quality: There is

another organization known as The Health and Personal Social Services, which aims entirely at the quality, improvement and regulation of health services standards, had developed in 2003, a "statutory duty of quality". This need to be followed in all organizations coming under the health and social care sector. According to his principle, each and every organization, coming under the health and social care sector, either large or small, has got the legal responsibility to make sure that, the quality of care or service, it provides should meet a particular level of required quality standards.

. the delivery of health and social care services are not easy as it seems. They are immensely complex. Therefore, it is the responsibility of the health and social care department to keep such complexity in to minimum, by establishing required levels of quality standards, considering the various interests of the customer, service providers, service users, carers etc.

for achieving all these targets, there required a more integrated approach for demonstrating the service quality by the Health and Social care department. There are several overarching quality standards which compliment each other, especially regarding the community care, primary, secondary and tertiary care services etc. Quality cost and equity: All these three factors are considered as the operations performance objectives and among which quality is placed in the first place in the list.

The quality of service is the one , the customers and competitors are looking at. If an HSC organization is providing good quality services, the service users will have less or even nothing to complain about. If they have nothing to complain about, they will be more happy and satisfied with the services of

the organization. This will make the customers to come back to the same organization, when there is a need in future. This will increase the productivity of the organization and thereby helping in the achievement of more profit (or customer satisfaction, in the case of a non-profit organization). Operations objectives and customer expectations: According to three pioneer in the performance objectives study, Slack, Chambers and Johnson in 2004, have identified that there are five major performance objectives which could be applicable to all types of operations. If an organization focuses completely on either one or even more of these objectives, it will add competitive advantage to the organization. Among these performance objectives, as we already discussed, quality is ranked as number one.

Operations performance objectives Slack, Chambers and Johnston (2004) identified five performance objectives that apply to all types of operation. Focusing on one or more of these can provide a source of competitive advantage to the organization. Quality, whether you are running a hospital or a retail superstore, is about doing things right so that error-free goods and services are delivered that are fit for their purpose. We talk further in the quality chapter (Chapter 9) about the various definitions of quality which can be adopted. Quality encompasses both the quality of the design of the product in terms of aesthetics, reliability and performance and the quality of the process that delivers the product or service. Quality of delivery process impacts on costs and dependability.

Quality is a major source of customer satisfaction or dissatisfaction. Poor quality products or poor quality of service are likely to put the customer off returning, leading to future lost sales. Flexibility is about the operation being able to change what it does quickly. How quickly can the organization change the mix of products and services it is offering to the customer? Changing consumer tastes affects demand levels and the product range desired and for an organization to stay competitive it needs to be able to respond to these changes with flexibility. Can the organization react to demand changes and increase or decrease the volume of output in response? Is a wide range of products or services on offer? Can the organization bring new product/service designs to market quickly so it is in a position to meet changing customer needs? 18 SERVICES, STRATEGY AND PEOPLEHollins-3444-02. qxd 7/14/2006 2: 08 PM Page 18Providing flexibility in delivery options, both the manner and the timing give an opportunity for differentiation. Speed is all about how long customers wait before receiving their service.

Addressing the speed objective requires the organization to pay attention to the cycle time involved in their new product development. How long does it take to bring new products to market? As we shall discuss later, adopting a multidisciplinary team approach to design, seeing it as an iterative process with activities being undertaken in parallel, reduces the design cycle time. An organization also has to pay attention to its scheduling and capacity planning as well as inventory management to be able to deliver on the speed objective.

Reducing inventory will also impact on obtaining a cost advantage.

Dependability is, of course, about consistency. An organization's processes have to be geared up to consistently meeting a promised delivery time for a product or service. Customers are unlikely to be satisfied by an increase in delivery speed if it is not matched by consistent performance. This will require that an organization has systems in place to identify problems early and be flexible enough in its planning to be able to move to a plan B as necessary. Cost is the last objective to be discussed but clearly not the least. For organizations that have adopted a low cost strategy it is the most important objective.

The lower the cost of producing the goods the lower price that can be offered to customers, which in turn will boost sales and profits. Even organizations that seek to gain their competitive advantage through differentiation are keen to lower their cost basis because that will lead to improvements in profit levels. To be able to deliver a cost advantage an organization has to analyse where operation costs are incurred.

The major cost categories are staffing, facilities that include technology and equipment costs, and materials. The proportions vary between these categories but broadly an organization spends around 55% of its costs on materials, 30% on facilities and 15% on staffing (Greasley 2006). So focusing on reducing the cost of materials will have the biggest impact on reducing costs. It is not surprising then to see the current emphasis on supply chain management and procurement.



These sorts of cost breakdown hold good for the manufacturing sector such as automobile plants or for supermarket retailers. In contrast, when considering a hospital the biggest cost element will be staff costs, then facility and technology costs followed by bought-in materials and services. Many costs in a hospital operation are fixed and will not vary according to the number of patients treated.

That is to say that facilities like beds, operating theatres or laboratories are as expensive as are the highly specialized staff. These are all needed to be available if not all of the time, then most of it. That obviously has cost implications. Generally the level of costs depends on the volume and variety of output and how variable is demand. Variety of outputs leads to greater levels of complexity and therefore increased costs. Cost is dependent on the other performance objectives.

Improvements in each of the other four will lead to cost reductions. The relative priority of the performance objectives is determined by the demands of customers and the actions of competitors. Making these decisions on priorities links back to the statement in the strategy of what business the organization is in and who are its customers. Selling to customers who insist on error-free products requires the organization to concentrate SERVICE OPERATIONS STRATEGY 19Hollins-3444-02. qxd 7/14/2006 2: 08 PM Page 19 on its quality performance.

Consumer segments that are looking for low-priced products or services will lead the organization to emphasize its cost performance. Effective market research will help the organization to identify different competitive factors

such as innovative products and services, a wide range of products and services, low price, reliable delivery, fast delivery, high quality and the ability to be flexible and change the timing or quantity of output. In terms of being able to make appropriate business decisions an operations manager needs to be able to judge the relative importance of such competitive factors. The impact of transparency and accountability on service delivery has always been an underlying motif in the literature on service delivery. Accountability as a central theme of the debates on service delivery however, only took root after the World Development Report of 2004 which identified failures in service delivery squarely as failures in accountability relationships (World Bank 2004). By showing how the ‘ long route’ of accountability (via elected politicians and public officials through to providers) was failing the poor, the WDR argued in favour of strengthening the ‘ short route’—direct accountability between users and providers.

The WDR sparked off a spate of work that examined ways of strengthening the short route: from amplifying voice, increasing transparency and enhancing accountability (Sirker and Cosic 2007; McNeil and Mumvuma 2006). By now, accountability is widely accepted as key to service delivery improvements. What is interesting is that the importance of accountability (and related transparency) comes from two quite different ideological streams. On the one hand, New Public Management (NPM), which emerged in the 1990s, emphasised the use of market mechanisms within the public sector to make managers and providers more responsive and accountable (Batley 1999). While many of the NPM reforms for accountability were focussed on vertical accountability within organizations, e. g.

performance based pay; a sub set related to downward accountability to citizens, e. g. citizen charters and complaint hotlines. In keeping with the intellectual traditions from which the NPM approach emerged, most of these downward accountability mechanisms were oriented to users as individual consumers who could choose to use these mechanisms or, alternatively, exit in favour of other providers. On the other hand, and at the same time, the failure of democratic institutions to deliver for the poor also resulted in calls for deepening democracy through the direct participation of citizens in governance (Fox 2007). Innovative institutions such as governance councils in Brazil or village assemblies in India were viewed as embodying this spirit (Cornwall and Coelho 2006, Manor 2004). In parallel, social movements were arguing that governments had an obligation to protect and provide basic services as ‘rights’ that were protected under constitutions rather than ‘needs’ which were at the discretion of officials to interpret and fulfil. Advocates of rights- based approaches to basic services identified ways in which rights could be legislated and progressively achieved, for example in the right to education or the right to health.

The rights based, direct democracy approaches were distinct from NPM in that they emphasized the collective and public good dimensions of accountability. <sup>1</sup> The research reported here was part of a Review of Impact and Effectiveness of Accountability and Transparency Initiatives funded by DFID. Thanks are due for the valuable comments provided by the participants at the seminar at IDS where this work was first presented.

Valuable research assistance was provided by Julia Clark. Anuradha Joshi, Service Delivery, October 2010 Annex 1 2 While this double-branched provenance was timely in uniting practitioners and scholars in the importance of understanding and enhancing of transparency and accountability, it has simultaneously led to some looseness in what different people mean by the core concepts. Consequently, in the service delivery subsector, the literature which can be classified as, ' efforts to improve service delivery, increase citizen engagement, voice and accountability,' is vast. In order to bound the material for this Review and establish criteria for including or excluding specific initiatives, the first step has been to clarify the conceptual terrain and define what we mean by accountability and transparency initiatives.

Transparency initiatives in service delivery are relatively easy to define: any attempts (by states or citizens) to place information or processes that were previously opaque in the public domain, accessible for use by citizen groups, providers or policy makers can be defined as transparency initiatives.

Initiatives for transparency can be pro-active or reactive disclosure by government. Although freedom of information laws often play an important part in state or citizen-led transparency initiatives, this Report does not deal with attempts to legislate Freedom of Information or the overall impacts of such a law as it is covered by a separate report. We only focus on instances where freedom of information might have been central to improvements in public services, particularly health and education. Accountability initiatives in service delivery are more difficult to define. What counts as an accountability initiative? The clearest and most basic exposition of the concept of

accountability is provided by Schedler (1999) in which public accountability comprises of a relationship between the power holder (account-provider) and delegator (account-demander).

There are four elements to this accountability relationship—setting standards, getting information about actions, making judgements about appropriateness and sanctioning unsatisfactory performance. If one takes this conceptualization as a benchmark, then an accountability initiative ought to combine attempts to agree standards, gain information, elicit justification, render judgement and impose sanctions. Yet in the literature on accountability, there is considerable ambiguity about which of these elements are essential for a particular initiative to be considered robust. . Often some, but not all of these four components can be found and have an impact on public services.

Moreover, accountability for service delivery can be demanded from a range of stakeholders: of politicians (e. g. not adopting appropriate policies); or of public officials (not delivering according to rules or entitlements, not monitoring providers for appropriate service levels); or of providers (not maintaining service levels in terms of access and quality). Further, initiatives to hold these multiple actors to account can be state-led or citizen-led. In this review, we have chosen to highlight initiatives that are largely citizen-led and fall into the realm of ‘ social accountability.’ This is partly because the recent literature on service delivery has highlighted the failures of traditional accountability mechanisms and placed greater faith in demand-led accountability initiatives from below. The range of such ‘ social

accountability' initiatives is also relatively new and has not been examined closely for evidence of impact. The systems approach to human behaviour make two general substantive assumptions: (1) The state or condition of a system, at any one point in time, is a function of the interaction between it and the environment in which it operates.

(2) Change and conflict are always evident in a system. Individuals both influence their environments and are influenced by them. Processes of mutual influence generate change and development." (Longres, 1990. p. 19) Each person in a family is part of the whole system. The whole is greater than the sum of its parts. A family can be thought of as a " holon, simultaneously a whole and a part of a larger system.

" (Longres, 1990, p. 266) Interaction (communication) between the parts is what brings the system to life. The study of the family must begin with the relationship and interactions each member has to each other. In systems theory, higher levels can control lower levels. The individual members are both unique individuals and part family at the same time. " The family is a bounded system in interaction with its environment.

Within the family boundary are its members and their roles, norms, values, traditions, and goals, plus other elements that distinguish one family from another and the social environment ...families whose boundaries are open and flexible are the most healthy.

" (Longres, 1990, p. 274) There are three subsystems in a family system: parents, parent-child, and siblings. The power structure in healthy families is

hierarchical, with the parents sharing equal power and children having input in a democratic fashion. Yet, it is clear the parents are parents, and children are children. While status refers to the position and implies rank in a social hierarchy, “ role refers to the more dynamic aspects of the position, it is more to do with what the people in various positions do or are expected to do...In the family, individuals only exist within the context of the roles and statuses they occupy.

” (Longres, 1990, p. 322)Systems theory can be used to understand social dynamics on a large scale. Social workers who are concerned with policymaking use systems theory to understand how public policy can be used to improve living conditions and help bring about social equality for those living within large social systems, such as cities, nations or even the world Research MethodologyAs a research methodology, systems theory can help social workers understandhow systems both determine and are determined by those who make up the system. Once the dynamics of a system are understood, social workers try to figure out how best to create positive change in that system to bring about better standards of living.

Mental HealthMental health professionals use systems theory as a way of understanding how individuals are both products of and complicit in their personal situations, as well as how these situations tend to affect the people in them. They seek to help individuals understand their situation and work to help those individuals find healthy ways to cope with their environments and help instigate change within their lives.