



# Business Services Organisation

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Providing Support to Health and Social Care

## **CORPORATE PLAN 2010 - 2013**

**Including Service Delivery Plan 2010-2011**

### Chief Executive's Opening Remarks - David Bingham

"It gives me great pleasure to introduce to you the first Corporate Plan for the Business Services Organisation. The document sets out the key challenges facing the BSO and proposes a set of key objectives and actions that I believe will successfully guide the BSO for the next three years.



The Health & Social Care family of organisations is faced with some of the most challenging circumstances in recent history. The current tough comprehensive spending review period is likely to be followed by very difficult funding environment that will make huge demands on our ability to improve productivity within BSO. Customer expectations are rising and we must continue to find new ways to deliver services to meet those expectations. More than ever the BSO must demonstrate that it is as least as good as providers from other sectors and ensure that our customers receive a service which is second to none.

I hope that this plan goes some way to setting out the path for the BSO for the next three years, and provides a clear focus for our staff to deliver what is required and for our customers to understand how we will be changing to meet their needs. I know that implementing this plan will be challenging, however it is a challenge that the BSO will meet. We will be driven by our mission of delivering value for money and high quality business services to Health and Social Care so contributing to the health and wellbeing of the population of Northern Ireland "

A handwritten signature in black ink that reads "David Bingham". The signature is written in a cursive style with a long horizontal line extending to the right.

**June 2010**

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## **1. INTRODUCTION**

This document provides a three year, 2010 – 2013, strategic view of the direction of travel for the Business Services organization. It is written accepting that plans can and will change direction over this period and therefore this three year view is supported by a more detailed one year service delivery plan perspective for 2010 / 11. It is intended that this document will become a rolling three year strategy which will be reviewed in 2011 to ensure that it remains valid supported through an annual service delivery plan view.

## **2. THE STRATEGIC AND PLANNING FOUNDATIONS OF THE BUSINESS SERVICES ORGANISATION.**

The Review of Public Administration (RPA) in Northern Ireland concluded that major reform was required in the administrative structures of health and social services. In the same year, an Independent Review of Health and Social Care Services in Northern Ireland conducted by Professor John Appleby, highlighted the need for reform and modernisation of the management of Health and Social Care

As a first phase of RPA reforms in health and social care, five integrated Health and Social Care (HSC) Trusts were established in April 2007, operating alongside the existing Northern Ireland Ambulance Service HSC Trust and replacing the former nineteen organisations.

Following public consultation, the Minister of Health, Social Services and Public Safety announced details of the second phase of health and social care reform in Northern Ireland. Central to this was the establishment from 1 April 2009 of a new Health and Social Care Board (HSCB), including five Local Commissioning Groups coterminous with the Trusts, the Public Health Agency (PHA), a Business Services Organisation (BSO) and a Patient and Client Council (PCC). Each of these organisations have

distinct roles to ensure the integrated provision of health and personal social services to the people of Northern Ireland in an efficient, effective and economic manner.

In common with the other new 'second phase' health and social care organisations, the Health & Social Care (Reform) Act (NI) 2009 established the Regional Business Services Organisation on 1 April 2009. The legislation stated that the Business Services Organisation (BSO) shall provide, or secure the provision of, support services to other health and social care bodies in the most economic, efficient and effective way, as approved by the Department.

By relieving colleagues in the Health and Social Care system of the day-to-day responsibility to deliver these support services, the BSO will support them so that they can concentrate their efforts on their core objectives to secure the highest possible standards of care and to improve health and social well being.

### ***3. THE PATH OF DEVELOPMENT FOR THE BSO***

It was proposed that the Business Services Organisation would develop in three phases and although there was no defined timeframe for each of the phases it was clearly defined by the new management team that phase 1 should be concluded in year 1.

#### ***Phase 1 – Establishment & Consolidation***

From 1 April 2009, a number of services were consolidated as follows:

- ◆ Services that were provided by the Central Services Agency (excluding Research and Development);
- ◆ HSC Superannuation Branch;

- ◆ Internal Audit;
- ◆ Directorate of Information Systems (DIS);
- ◆ Some functions performed by the Family Practitioner Services in the legacy Health and Social Services Boards;
- ◆ Miscellaneous elements of DHSSPS and Board services.

The combination of these services resulted in an initial staffing of approximately 940 staff spread across 16 sites.

### ***Phase 2 – Transformation and Modernisation***

In this phase, the BSO will develop a range of shared services functions. This transformation, which will be supported by investment in new business processes and information technology, will offer services that have previously been managed by Trusts or the Board and include:

- ◆ Recruitment of staff;
- ◆ Equal opportunity monitoring;
- ◆ Payment of salaries and wages;
- ◆ Payment to suppliers, and
- ◆ A range of other Human Resources and Finance Functions.

These developments will require a substantial capital investment in systems and new accommodation and a strong cohesive and consistent approach to change management involving staff and their representatives.

### ***Phase 3 – Growth and Development***

In this phase consideration will be given to extending the role of the BSO to other business support functions in HSC.

#### **4. KEY ACHIEVEMENTS IN 2009 / 10**

Within the first year the BSO set six strategic objectives supported through the delivery of thirty two key actions. The key achievements under each of the strategic objectives were as follows. (The complete Annual Review is in Appendix A.)

##### ***Strategic Objective 1 – To develop the organisation from the legacy structures into an effective and efficient Business Services Organisation.***

The BSO inherited staff and functions from seven legacy organisations and the priority task was to merge the various functions into a single organisation that could deliver high quality services. This was managed through a structured programme of reconfiguration and major work was undertaken in 2009/10 to ensure that new structures and locations were designed, agreed and implemented. This resulted in a Board approved, and publicly consulted, strategy for the realignment and location of legacy board functions in response to RPA savings targets. The restructuring was completed within 2009/10.

##### ***Strategic Objective 2 - To become a customer focussed organisation and to drive customer satisfaction.***

One of the key drivers for the establishment of BSO was the need to have a customer focussed business services organisation. In 2009/10 the BSO put in place service level agreements covering all clients and services and has carried out customer satisfaction surveys with the majority of service areas. Each function in the BSO will have service improvement targets for 2010/11, based on the output of the surveys, to ensure that the BSO maintains a climate of service improvement.

***Strategic Objective 3 - To develop a successful BSO through a committed focus on Results***

Within the first year the BSO successfully produced a service delivery plan and delivered against 26 of the 32 targets in the plan, with the remainder slipping into 2010/11. The BSO also delivered on the key productivity targets in the areas of Family Practitioner Services meeting the 5% improvement target and meeting SLA targets in PALS and Legal Services.

***Strategic Objective 4 - To Modernise, Innovate & deliver Service Improvement in preparation for a shared services environment***

Within this area a number of stretch targets were established at the beginning of the year. All of the following were achieved

- ◆ To increase the volume of electronically received stock requisitions to 50%
- ◆ To increase the EMM ward coverage by 115 wards to a total of 325 wards.
- ◆ Within Family Practitioner Services to have increased processing by WTE by an average of 5% on the March 2009 baseline.
- ◆ Within Procurement Services to have reduced average processing time per requisition to three days and under.
- ◆ Within Logistic Services to increase the percentage of products supplied on first request to 96%
- ◆ Within Legal Services to have ensured between 80% and 90% of available solicitor time is used
- ◆ To have sustained the current ISO9000 accreditation(s) across the organisation with a view to corporate accreditation in 2012/13.

### ***Strategic Objective 5 - To create, maintain and develop value added Partnerships***

Considerable work was undertaken within the year to develop, and further strengthen existing partnership arrangements with customers. To support this to happen a customer relationship strategy was developed and approved by the BSO Board in October 2009. This strategy clearly outlines key activities to be undertaken over a three year period to further develop value adding partnerships with customers.

Key achievements within the year include;

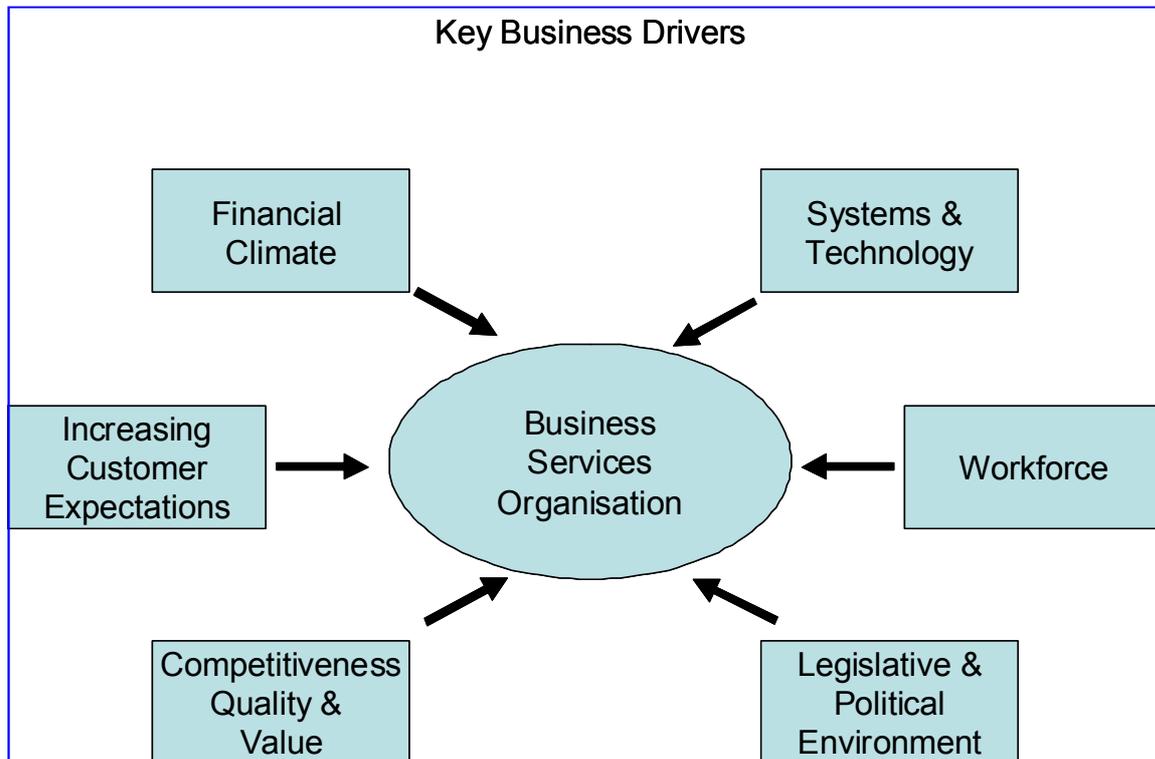
- ◆ A rolling programme of customer visits was undertaken by directors to all customers to help understand their needs and wants. In many cases this resulted in specific action plans for particular services and customers.
- ◆ New partnership forums were established for the smaller agency customers in the areas of procurement and finance.
- ◆ A new equality partnership forum was established to include the phase 2 RPA organisations.

### ***Strategic Objective 6 - To manage Resources Effectively***

The BSO delivered its financial savings targets for 09/10. As such it has played its role in working towards meeting the Ministers savings target of £10m for RPA stage 2 by March 2011. In addition it was critical to the savings plans that the BSO reduced the size of the workforce. This has been achieved through modernisation and reorganising services without a fall in productivity or quality. The reduction has been achieved without recourse to compulsory redundancies

## 5. THE BUSINESS DRIVERS FOR 2010 – 2013

As with all organisations in the public, private and voluntary sectors the next three years will pose serious challenges to the delivery of services in light of the financial, political and economic climate we operate in. The BSO specifically views the following as the key influences over the next three years. Although these influences provide great challenges, they are also viewed as potentially energizing factors that will drive the BSO to innovate at a rate which otherwise may not have developed.



## ***The Financial Climate***

The recent economic downturn, resulting in recession, has changed the ability of government to commit to growth and expansion in the short to medium term. The exact length and depth of recession is of course the subject of much debate, however it is clear that the BSO must plan for an exceptionally challenging wider financial environment.

In addition to the widest macro sense, at a health and social care level the implementation of the Review of Public Administration (RPA) generated recurrent cost savings targets of approx £57 million across the Health and Social Care Sector. These savings were embedded in system wide CSR targets aimed at saving £343 million per annum.

The BSO is left in no doubt that the challenging financial environment will shape service and business decisions of not just itself but also its customers. This overall Plan may be subject to review and change in light of a changing financial environment.

## ***Increasing Customer Expectations***

Arguably in the BSO there is a greater direct link between customer payment and service delivery than any other part of the Health & Social Care system. The BSO is closer to a business than most parts of the HSC and as such users of our service are more closely aligned to the traditional view of customers than in any other part of the service.

In general as customers we compare our experiences not simply with one supplier or market but across all transactions. Therefore customer expectations are determined by the best experiences across a range of products and services, irrespective of sectors. Therefore if one of the BSO's customers has, in their private life, received an excellent shopping experience then they will reflect that experience into their expectations for the BSO Procurement and Logistics Service. Similarly, if they have had a world class desktop support service for their home PC then it is only to be expected that they will reflect that experience into the expectations of the BSO Information Technology Services. We are all customers and we are used to our customer experience developing exponentially. Over the last ten years the way we transact is literally unrecognizable to the previous decade. The electronic transactional model has transformed the customer experience and the speed and accuracy of both private and commercial transactions has been extraordinarily enhanced.

### ***Improving Competitiveness and Delivering Quality and Value.***

Despite being a monopoly, a key driver for the BSO is to be able to display behaviours that are distinctly non monopolistic to ensure that its customers, and the wider HSC, are receiving best value for the investment in the BSO.

It is clearly expected that the BSO is not being driven to become a competitive organisation in the truest sense of the word i.e. free enterprise, capitalistic. However if the BSO is to deliver to rising customer expectations it must be able to demonstrate that it could compete with other providers of similar service. This must be from both a cost and quality perspective.

If the BSO is unable to demonstrate competitiveness then it is not unreasonable to expect that the current customers of the BSO would not wish to purchase from it, and also any potential business growth will be stifled. This will drive the BSO not only to deliver high quality, high value services but also, in the absence of a competitive market, demonstrate explicitly the value it adds. In simple terms the BSO doesn't only have to be good, it has to prove it is good.

### ***Systems and Technologies***

The BSO has in excess of 35 business systems currently in use across the complete range of services. Although these systems are functional, and in the main provide sound, timely and accurate product they are in many ways disconnected from each other and modern key business processes.

It is clear that if the BSO is to deliver transformational change in the services, investment in new systems and technologies will be key. This is recognised within the HSC and as such plans are underway for the replacement of key finance, human resources, procurement and family practitioner services systems. Within the lifetime of this strategy it is undoubtedly the case that these major systems changes will have become a considerable process and structural change driver for the BSO. It is envisaged that this driver will be the main momentum which will support the successful implementation of the transformation and modernisation phase of the BSO development, namely Shared Services.

## **Workforce**

Over the period of this plan it is expected that the demands on our workforce will change quite considerably, and in turn this will have a fundamental influence of the shape of our workforce. We will be bringing into the workforce a range of staff who will be providing, in some instances, transactional services but will also be delivering services which will add value to the business of HSC Trusts and other customers. The reliance on technology in delivering those services in a shared service context will also increase our need to ensure our staff have the correct skills to enable a cost effective use of the technology.

The recent RPA and CSR based changes are driving the BSO to become leaner. A number of influences on the workforce highlight this.

- ◆ A main reason for creating the BSO was to standardise supporting functions and remove duplication. This is most evident in the four legacy Board function areas of the BSO. These reductions in the duplication of functions will result in a leaner workforce.
- ◆ The introduction of technology into business processes will continue to reshape the workforce. This has been, and will continue to be, most evident in the transactional parts of the business e.g. in Family Practitioner Services with the introduction of further scanning technology to support payment processes and therefore reduce the need for manual processing.
- ◆ The introduction of technology into customer processes will continue to drive changes in BSO processes and therefore the BSO workforce, e.g. Electronic Purchasing from the PALS service. It is clear that, as more customers move towards e-purchasing, the need for manual processing will reduce dramatically and this will in turn have an impact on the number and skills set of staff.
- ◆ The introduction of shared services will drive a shift in the business of the BSO further toward a high volume, lower transactional cost model. This will undoubtedly require changes to the current workforce structure and working practices.

The drivers for change in terms of skill, productivity and labour cost are significant and will require best practice change management at all levels of the organisation.

### ***The external environment, including the legislative and political environment***

The BSO was created as part of major governmental change, namely RPA, and is a Non-Departmental Government Body sponsored by the Department of Health Social Services and completely funded by customers from the Health and Social Care sector. These three factors alone ensure that the BSO is absolutely driven by the wider public sector environment and the desire to support the delivery of Health and Social Care services.

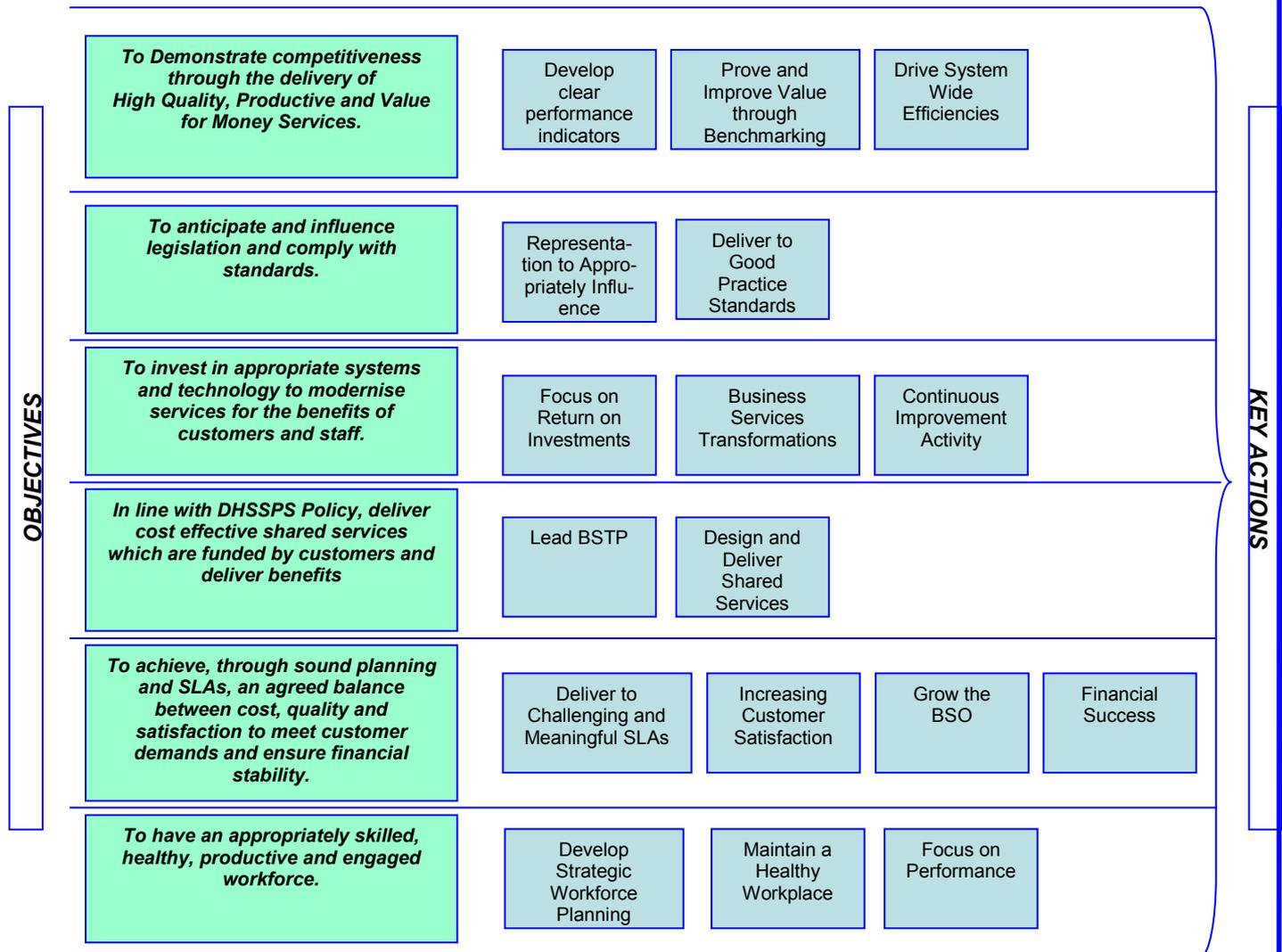
It is clear that the new political system is closer to the delivery of services than would have been the case in previous administrations. This will mean that the BSO will need to better understand the needs of the population, as articulated through elected representatives. This may mean that the direction of travel to be undertaken will need to take account of the political priorities, as and when identified. This will drive the BSO to gain a better understanding of the public and political system it operates within and to be able to shape delivery to meet demands.

One noticeable driver in the legislative environment is in procurement. It is becoming clearer that companies are turning towards the legal system in greater numbers following an unsuccessful outcome of a tender exercise. Given that one of the largest and greatest value added areas, of the BSO is the Procurement and Logistic Service, it is expected that this will be a key driver for the BSO over the lifetime of this plan.

## 6. VALUES, OBJECTIVES, MISSION & KEY ACTIONS

Through the understanding of the drivers, and in line with the overarching three phase approach to development, the BSO has established a clear mission, values and set of corporate objectives. These have been created through widespread discussions with staff, managers, non executive directors and other stakeholders, and reflect the key aims and direction for the organisation for the next three years.

**“to deliver value for money and high quality business services to Health and Social Care so contributing to the health and well being of the population in Northern Ireland”**



KEY ACTIONS

**WE VALUE...**

Listening & Responding To Customers	Transparency & Professionalism	Diversity & Individuality of Staff	Maximising Resources For Frontline HSC	Social & Environmental Responsibility
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## **7. KEY CORPORATE OBJECTIVES AND ACTIONS 2010 - 13.**

### **Corporate Objective 1: To Demonstrate competitiveness through the delivery of High Quality, Productive and Value for Money Services.**

A frequently used definition of quality is “Delighting the customer by fully meeting all their needs and expectations”. This is fundamental to the achievement of this objective, but sets a remarkably challenging agenda for the BSO, primarily because in the current financial climate can we realistically expect to meet all our customers needs and expectations?

It is proposed that fundamental to successfully delivering to this objective are three key actions for the period of this plan.

<p><b>KEY ACTION</b> <b>1</b></p>	<p><i>The BSO will define clear indicators of quality, productivity and VFM which become part of an agreed Service Level Agreement across all service areas for all customers.</i></p>
<p><b>KEY ACTION</b> <b>2</b></p>	<p><i>The BSO will develop appropriate benchmarks for major service areas and to use those benchmarks in promoting our relative position and to drive improvement.</i></p>
<p><b>KEY ACTION</b> <b>3</b></p>	<p><i>The BSO will passionately drive efficiencies throughout the Health and Social Care system. This will focus on not only the BSO meeting its savings targets, but also on supporting its customers to deliver savings.</i></p>

***Corporate Objective 2: To anticipate and influence policy & standards and comply with legislation.***

The BSO recognises the importance of anticipating, influencing and complying with relevant legislation and standards. However it is clear that as a non departmental government body our main aim must be to maximise performance from within the legislative and standards framework, rather than to be proactively and politically developing legislation and standards across the public sector.

Acknowledging this position the BSO would intend to deliver to the following key actions within the life of this plan.

<p><b>KEY ACTION 1</b></p>	<p><i>The BSO will seek appropriate representation on, and contribute to, regional and national working groups, training and working in partnership to ensure that services are delivered in accordance with legal and contractual arrangements. An example of this would be piloting of payment arrangements under the anticipated new Dental Contract, including calculation of payments by BSO in accordance with both the existing and new contract provisions</i></p>
<p><b>KEY ACTION 2</b></p>	<p><i>The BSO will ensure that recognised standards of good practice are supported and facilitated to develop. In particular this will relate to services that are ISO9000 accredited, where it will be clear that the BSO will ensure that services that currently are accredited, remain accredited. It is proposed that where clear benefit can be gained through expanding the scope of ISO9000 into other services, the BSO should do so. However this will be based on a cost benefit decision.</i></p>

**Corporate Objective 3: To invest in appropriate systems and technology to modernise services for the benefits of customers and staff.**

The BSO seeks to use modern business processes and information technology to lower operational costs and improve quality. This should allow other HSC bodies to concentrate their efforts on their core objectives to improve the health and well-being of the population by relieving them of their day-to-day responsibility to manage support functions.

It is proposed that the following key actions are delivered over the lifetime of this plan.

<p><b>KEY ACTION</b> <b>1</b></p>	<p><i>The BSO should develop an internal process for investment in technology which will allow units within the BSO to bid for resources for projects that clearly have a financial return on investment. This fund must be self supporting through the savings that the investment in technology has delivered.</i></p>
<p><b>KEY ACTION</b> <b>2</b></p>	<p><i>The BSO will, over the lifetime of this plan, take an operational lead in delivering the Business Services Transformation Programme.</i></p>
<p><b>KEY ACTION</b> <b>3</b></p>	<p><i>The BSO will, using a risk based approach, enter into a programme of continuous improvement in line with the optimum utilisation of technology. This will result in small programmes of work, in particular areas, to make best use of resources.</i></p>

***Corporate Objective 4: In line with DHSSPS Policy, deliver new business systems, leading to cost effective shared services which are funded by customers and deliver benefits.***

Shared services is a mode of operation whereby high-volume, transaction-based or experience based support processes within an organisation are identified, separated and run independently, enabled by common practices and systems. The idea behind shared services is that by bringing together functions that are frequently duplicated across different business units or organisations, services can be provided at lower cost and higher quality. This can be achieved by creating economies of scale in the functions being consolidated.

A HSC shared services organisation therefore is an organisation that:

- ◆ Provides support to internal, HSC customers; and
- ◆ Eliminates redundant processes, systems and organisations.

The introduction of shared services to the Health and Social Care system takes place within the overall context of change within the health sector and across the wider Northern Ireland Public Sector.

Consultation on HSC structures, which was part of the wider Review of Public Administration (RPA), concluded that a Regional Business Services Organisation (RBSO, now BSO) should be established. The purpose of the BSO would be to provide a broader range of support functions for the service including some from the Department, HSC Trusts and Agencies and also the legacy HSS Boards and Central Services Agency, and also deliver shared services within Health and Social Care.

The Department subsequently established a comprehensive Business Services Transformation Programme (BSTP) which aims to:

- ◆ establish shared services within the BSO;
- ◆ procure and implement new business systems and processes for HR/Payroll/ Travelling Expenses and Finance and Procurement/Logistics for the whole of HSC in order to reduce running costs to an agreed level to establish a culture of continuous improvement;
- ◆ ensure that the design of shared services maximises opportunities for users to control and influence the services through effective client liaison with HSC organisations.

The BSTP is currently comprised of four projects:-

- ◆ the procurement and implementation of HR/Payroll/Travelling Expenses systems for the whole of HSC;
- ◆ the procurement and implementation of Finance and Procurement/Logistics (associated with the procurement systems) systems for the whole of HSC;
- ◆ the replacement of systems for the payment of contractors within Family Practitioner Services; and
- ◆ Identification of locations for the Shared Services Centres and the commissioning of these centres.

The introduction of shared services has been identified by the Department and the HSC as a key mechanism of producing significant savings which will contribute to future CSR targets.

It is proposed that the following key actions are delivered over the lifetime of this plan.

<b>KEY ACTION 1</b>	<i>The BSO will continue to demonstrate leadership in the BSTP and ensure that the procurement of the replacement systems is delivered within the agreed timeframe.</i>
<b>KEY ACTION 2</b>	<i>The BSO will work with all stakeholders to design, develop and implement a model of shared services, based on replaced systems, that delivers value to customers and delivers key services at a reduced cost.</i>

**Corporate Objective 5: To achieve, through sound planning and SLAs, an agreed balance between cost, quality and satisfaction to meet customer demands and ensure financial stability.**

Service Level Agreements are vital to the core business of the BSO. An SLA is a negotiated agreement between two parties where one is the customer and the other the service provider. It is proposed that the following key actions will be undertaken over the lifetime of this plan.

<b>KEY ACTION 1</b>	<i>At a corporate level, the BSO will ensure that all customers are engaged in a meaningful SLA process, allowing for challenging and constructive dialogue, with the aim of producing SLAs in line with the business planning cycle of our customers. This will require a shift in mindset from SLAs built on activity to one based on added value. The BSO will be required to demonstrate the added value it delivered rather than just the activity, therefore challenging thinking both within, and outside, the BSO</i>
<b>KEY ACTION 2</b>	<i>At a Directorate level the BSO will ensure the key performance indicators within the SLA relate directly to the services being provided and enable Directorates to assess the level of customer satisfaction with the service they are receiving. It is proposed that all services will demonstrate an improvement on customer satisfaction ratings year on year over the lifetime of this plan</i>
<b>KEY ACTION 3</b>	<i>The BSO is required to ensure that its expenditure does not exceed its income. A key action is for the BSO to grow its income in a difficult financial environment. Therefore over the lifetime of this plan it is proposed that services within the BSO will deliver to agreed business development plans. This may involve developing more business with existing customers, or developing new business from new customers.</i>

***Corporate Objective 6: To have an appropriately skilled, healthy, productive and engaged workforce.***

There is a strong body of research in both the private and public sectors that the effective engagement of staff and the application of human resources management principles are crucial to organisational success

It is also clear from the body of research that the five main drivers of engagement are all very familiar and achievable organisational goals:

- ◆ Creating trust
- ◆ Focusing on employee opportunities and well-being
- ◆ Nurturing pride in the organisation
- ◆ Improving communication and alignment
- ◆ Showing appreciation.

Accepting the drivers that have been previously outlined, it is clear that over the lifetime of this plan the BSO would wish to ensure the commitment and engagement of staff in the changing journey of the BSO.

Over the three phases of development the BSO will have in phase 1 reduced the total workforce previously engaged in the legacy workforce by 10%. Throughout phase 2 the BSO workforce will grow by approximately 400 staff who are currently employed in other parts of the HSC.

It is proposed that there is one overarching key action under this objective.

**KEY  
ACTION  
1**

The BSO will produce and deliver a comprehensive human resources strategy which will focus on

- ◆ the engagement of our current and future workforces during the period of change
- ◆ the development of a strategic approach to workforce planning, ensuring the correct skills and staff are in place to deliver the services of the future.
- ◆ creating a strategic approach to the health and wellbeing of the workforce focusing on the creation and maintenance of a Healthy workplace; healthy work styles; and effective balance between work and home life for our employees whilst dealing effectively with sickness absence; health and safety management and the provision of a proactive occupational health service facilitating a reduction in absence levels and contributing to high productivity levels
- ◆ the development of a personal performance and accountability culture wherein all staff understand the importance of their contribution to the organisation and are committed to organisational and personal success
- ◆ the development of skill and competencies within our workforce which will enable us to deliver quality services and meet the changing skills requirements of the services we are to provide in the future
- ◆ expanding the management and leadership competencies within the organisation
- ◆ developing a culture of continuous innovation and improvement in the services we deliver

## **8. BUSINESS DEVELOPMENT FOR 2010-2013**

The six corporate objectives provide the roadmap for the next three years to delivering to the BSO's mission. Derived from the six corporate objectives, it is proposed that two key, three year operational targets are defined and rigorously implemented.

- a) By March 2013 to have transformed the provision of business support services through the implementation of best practice Shared Services

It is clear that Shared Services, and the impact that it will have on the BSO and its customers, is constantly reflected across all six of the corporate objectives. It is therefore proposed that the BSO should aim to ensure that Shared Services is successfully implemented within a three year timeframe. It is also proposed that following implementation that the Shared Services performance should be recognised, through external benchmarking, as being within the top quartile of shared service performance.

- b) By March 2013 to have, in partnership with the Health & Social Care Board, supported the HSC to manage expenditure in primary care, in line with agreed benchmarks, to allow for further investment in Health & Social Care Services.

The issues of Value for Money, Efficiency & Productivity run throughout the six corporate objectives. It is therefore proposed to deliver a major cost saving target, for the HSC wide system, over the three year period. As the BSO processes payments to primary care practitioners it is able to analyse trends in expenditure across Northern Ireland. Through this trend analysis it is possible to identify considerable variances in pharmacy expenditure across geographical boundaries. It is proposed to work with the Health and Social Care Board to rigorously analyse expenditure trends and to support the Board to reduce variances and therefore reduce costs.

In addition to the two clear targets it is also proposed that the BSO continues to identify new business opportunities. This will be key to ensuring that the BSO continues to develop in a difficult and constrained environment.

Appendix B presents a summary of new business developments that the BSO propose will happen in the lifetime of this plan.

## 9. KEY ACTIONS FOR 2010-11—The One-year Service Delivery Plan

Within the first year of the three year plan the BSO proposes to deliver specific actions under each of the six corporate objectives, in line with the three year perspective. Each directorate within the BSO has a specific one year service delivery plan. These plans become the key tool to ensuring that the BSO delivers to its overall plan, and subsequent mission. The individual directorate plans divide into specific service plans which form the work plans for Directors, Assistant Directors, Managers and Staff throughout the organisation. The Key Actions, across the whole of the BSO, are detailed below.

### 9.1. To Demonstrate competitiveness through the delivery of High Quality, Productive and Value for Money Services.

- ◆ Agree SLA and prices – achieve and exceed SLA objectives
- ◆ Achieve financial breakeven and deliver VFM and required savings
- ◆ Develop and implement Scorecards to monitor performance

#### 9.1.1. Key Operational Measures/Targets

a) By September 2010, **Counter Fraud & Probity** will have established a *Healthy Start Service with all payments made within 30 days (of receipt of all necessary information from claimants)*.

b) By September 2010, **Counter Fraud & Probity** will have established an *enlarged fraud investigation team to deliver an expanded investigative role. The measures will be the team in place and adherence to an agreed work-plan.*

c) By September 2010, to have designed and began implementation of a *Balanced Scorecard approach for **all service areas**. This will involve the development of key performance indicators for all service areas.*

d) By October 2010, **ITS** will deliver the following projects:

- ◆ PAS migration for 5 HSC Trusts
- ◆ NIPACS implementation in Southern, Western and Belfast Trusts.

e) By November 2010, **Legal Services** will aim to have maintained accreditation against ISO and Lexcel Quality Awards. *The measure is independent assessment.*

**f)** By March 2011, **PaLS** will have achieved and exceeded core SLA and Financial Objectives by reviewing performance on a monthly basis to ensure the following targets are achieved:

*Logistics – achieve 97.5% first time delivery;*

*Operational Procurement – achieve maximum 3 day turnaround on non-stock orders.*

**g)** By March 2011, **PaLS** plan to have delivered £ 13m CSR savings, the measure being a contract programme for various workstreams with associated savings targets

**h)** By March 2011, **HSC Pensions** will pilot an exercise to produce and issue Annual Benefit Statements to current members, with the target being 12,500 members in receipt of statement.

**i)** By March 2011, **ITS** will deliver:

*Integration to BCH and RVH PACS/RIS*

*PC procurement for 2010/11 to purchase a minimum of £3 million worth of PCs*

**j)** By March 2011, **Finance** will provide a cost effective service to all customers using as a measure the cost of finance as a proportion of total turnover with the HSC median as a target.

## **9.2. To anticipate and influence policy & standards and comply with legislation.**

- ◆ To administer Superannuation and Seniority for GMS in line with the Statement of Financial Entitlement (SFE)
- ◆ Ensure Quality Driven Systems are Monitored and Developed to Support the Organisation
- ◆ Maintain Accreditation against all quality standards and ensure that all projects are delivered in accordance with the appropriate quality standard
- ◆ Engage appropriately with policy development processes to safeguard BSO business direction.

### **9.2.1. Key Operational Measures/Targets**

**a)** By June 2010, **FPS** will have the backlog of adjustments resolved in respect of Superannuation and Seniority for GMS. By September 2010, routine processing should be established. The measure is the reflection of all adjustments reflected in monthly payments.

*b) By September 2010, **Counter Fraud & Probity** will have transferred the current fraud reporting arrangements from DHSSPS to CFPS*

*c) By March 2011, **Equality** will have supported clients and the BSO to ensure they meet their legislative requirements in the preparation of a new Equality Scheme.*

*d) By March 2011, **PaLS** will aim to have maintained ISO accreditation and prepared for EFQM submission. The measure is independent assessment.*

*e) By March 2011, **Legal Services** will have delivered 20 training sessions to clients on relevant legal issues.*

### **9.3. To invest in appropriate systems and technology to modernise services for the benefits of customers and staff.**

- ◆ To work with FPS payment functions to support improvement in systems.
- ◆ To manage HSC ICT Programme as defined in the commissioning agreement with HSCB and develop and maintain HSC ICT infrastructure
- ◆ To modernise the processing of Dental and Ophthalmic payments through the implementation of scanning technology and the application of Lean Methodology
- ◆ Increase efficiency through the implementation of EPES and roll-out electronic capture of prescription data to community pharmacists.
- ◆ Standardise and modernise the internal audit file and working papers

#### **9.3.1. Key Operational Measures/Targets**

*a) By December 2010 **OREC** will have piloted key service changes to demonstrate pertinent implementation in NI*

*b) By March 2011, **PaLS** will:*

- ◆ *Have simplified and improve the requisitioning process by reviewing the Customer Catalogue, with the target of increasing the range of products by 100 lines;*
- ◆ *Have completed the roll-out of the EMM project based on agreed targets;*
- ◆ *Have rolled out the UNITAS Project with the target of electronic non-stock transactions at 50% of total non-stock transactions*

c) By March 2011, **FPS** will have:

*Processed 30% of payments to Community Pharmacists using DM & D codes with a reduction in data preparation costs of c£ 300k. Reduced Dental and Ophthalmic claims error rates to an average of less than 5% per month.*

d) By March 2011, **ITS** will ensure a 1% increase on incidents resolved within target times for existing services (apart from GMSICT and RPA2 desktop)

e) By March 2011, **ITS** will have developed and maintained the HSC ICT infrastructure and operated HSC data centres and service desk

#### **9.4. In line with DHSSPS Policy, deliver new business systems, leading to cost effective shared services which are funded by customers and deliver benefits.**

- ◆ Measure customer satisfaction, improve customer confidence through regular engagement and implement service improvement strategies resulting from the Customer Surveys.
- ◆ Implement Year 1 of the Business Services Transformation Programme Plan.

##### **9.4.1. Key Operational Measures/Targets**

a) By April 2010 **FPS** will have implemented the Bowel Cancer Screening Programme Call and Recall Service.

b) By September 2010, **ITS** will have consolidated support service for GMS ICT.

c) By December 2010, to have delivered an Outline Business Case for **shared services**.

d) By January- March 2011, **Customer Relations & Service Improvement** will have completed the customer satisfaction measurement process for comparison against the 2009-10 baseline survey.

e) By March 2011, **Counter Fraud & Probity** will have delivered a fully harmonised regional probity service across the 4 FPS areas

f) By March 2011, to have commenced consultation on the location of **shared services** centres

g) By June 2011, to have completed the procurement of **HR** and **Finance** systems in line with BSTP.

**9.5. To achieve, through sound planning and SLAs, an agreed balance between cost, quality and satisfaction to meet customer demands and ensure financial stability.**

- ◆ Develop BSO ITS to effectively and efficiently meet the needs of customers and provide a challenging and rewarding work environment for ITS staff
- ◆ Standardise and increase productivity across a range of BSO services.

#### **9.5.1. Key Operational Measures/Targets**

*a) By March 2010, **PaLS** will have developed new contract portfolios and business arrangements to work towards a target of 70% of PaLS managed expenditure to be covered by contract.*

*b) By June 2010, **Customer Relations & Service Improvement** will have facilitated the development of and agreement of signed SLAs.*

*c) By March 2011, **Internal Audit** will use as a measure the number of chargeable audit days per auditor with the target of 185 chargeable audit days per auditor.*

*d) By March 2011, **Legal Services** will ensure that time recording targets are met across the service*

*e) By March 2011, **the BSO** will have improved customer satisfaction levels by an agreed target across all service areas.*

## 9.6. To have an appropriately skilled, healthy, productive and engaged workforce

- ◆ To implement an Employee Health and Wellbeing strategy
- ◆ Maintain low levels of absenteeism
- ◆ To implement an appropriate and effective performance management system
- ◆ To create meaningful workforce plans to facilitate the overall business objectives of each sub directorate and the BSO in general

### 9.6.1. Key Operational Measures/Targets

- a) By June 2010, **Human Resources & Corporate Services** will have an agreed health and well being strategy for the BSO in place.
- b) By July 2010, **Legal Services** will aim to achieve re-accreditation against the Investor in People Award
- c) By September 2010 in association with line managers have completed the first wave of performance appraisal reviews for **all staff**
- d) By September 2010, have agreed with the SMT an action plan arising from the results of the Staff attitude survey including the deployment of an effective internal communication process **throughout the BSO**.
- e) By March 2011, **Human Resources & Corporate Services** will have supported managers in achieving a reduction of absence levels to at least the corporate target of 5.2% absenteeism in addition to individual Directorate targets
- f) By March 2011, **Human Resources & Corporate Services** will in partnership with directorate managers have identified a clear workforce and succession plan for each of the major directorates within the BSO taking account of planned changes in the workforce.
- g) By 2012, have achieved Investors in People accreditation for the **whole organisation**

## **10. RESOURCING THE PLAN 2010/11**

### **1. Introduction**

1.1 This section of the plan sets out the anticipated financial context for 2010/11 and describes the income and expenditure position for the year.

### **2. Income**

2.1 BSO earns its income from provision of services to a range of HSC Organisations including the HSC Board, HSC Trusts and other HSC Agencies. It also provides the management of funds on behalf of the DHSSPSNI.

2.2 During 2009/10 the BSO took responsibility for the management of the Information Technology Programme budget of around £12million revenue and £2.5million capital budget on behalf of the HSC Board, and also transferred the Healthy Start funds and process from DHSSPSNI, totalling around £3.3million.

2.3 The BSO, through its Procurement and Logistics Service (PaLS) manages stock issues for the HSC organisations. In 2009/10 this totalled around £38million.

2.4 In 2009/10, the first year of operation, the BSO carried out a comprehensive due diligence exercise to secure a fair level of income to represent the services it provides. Whilst the process was particularly complex and time consuming, the BSO achieved a positive outcome on all of its negotiations and delivered a breakeven position for 2009/10. The amounts agreed for 2009/10 services form the basis for the projected income in 2010/11.

2.5 The BSO has written to its customers with the proposed sums it requires to deliver services in 2010/11. It has been necessary to anticipate the level of savings required for both CSR and RPA targets as these have not yet been confirmed by the DHSSPSNI.

#### **(i) Management Fee Income**

2.6 The BSO has written to each of the HSC Trusts and the HSC Board with an offer of service. This offer has included proposals to provide additional value-adding services in lieu of savings. No formal response has yet been received. The income analysis shown overleaf is before any reduction in the income for savings targets. The BSO also received funds from DHSSPS for services delivered on its behalf and for which it is necessary to employ staff e.g. bursaries staff. This totals £2.877 million. This is referred to as RRL core in the later sections and equates to a management fee.

.7

**Management Fees Income 2010/11**  
(Before RPA savings and Pay and Prices Uplift)

Source	£000's
HSCB	17,747
Belfast HSC Trust	4,953
South East HSC Trust	2,216
Western HSC Trust	2,619
Northern HSC Trust	2,387
Southern HSC Trust	1,988
NIAS HSC Trust	111
<b>Total Trusts &amp; Board</b>	<b>32,021</b>
Public Health Agency	155
Beeches Management Centre	14
NI Guardian Ad Litem Agency	79
NI Medical and Dental Training Agency	28
Blood Transfusion Service	47
NI Practice & Education Council	57
NI Social Care Council	91
Regulation & Quality Improvement Authority	128
Patient and Client Council	72
Regional Medical Physics	16
<b>Total other Agencies</b>	<b>687</b>
<b>Total Management Fees</b>	<b>32,708</b>

(ii) **Revenue Resource Limit (RRL) from DHSSPS**

2.8 The BSO is responsible for the disbursement and management of a number of sources of income for the DHSSPS, most notably the nursing student bursary scheme of around £13million. The transfer of the Healthy Start funding in 2009/10 has added a further £3.3million. The role of BSO is to achieve a break-even position on these funds and any surplus or deficit is returned to, or re-funded by, the DHSSPS. The table below shows the funds expected for 2010/11 based on a closing 2009/10 position.

DHSSPS FUNDED RRL (Managed Services)	
Source	£000's
Bursaries	13,641
Healthy Start	3,297
Artscare	230
SUMDE	760
Recharges (various)	1320
<b>Total RRL</b>	<b><u>19,248</u></b>

The final figures will be agreed with the Department as the year progresses.

### (iii) Stock Management

2.9 The BSO, through its PaLS Directorate, manages the stocks consumed by HSC Trusts. The income and expenditure associated with this is a composite part of the BSO funds. There is no surplus or deficit anticipated on these transactions however there can be variances in price activity which can generate a small surplus.

2.10 In 2010/11 the expected stock issues throughput (sales) and cost of sales is expected to amount to £38million.

### (iv) New Sources

2.11 In addition to these fees the BSO has also assumed responsibility for a major programme of ICT Infrastructure for the HSC. In 2009/10 the total revenue expenditure on this programme totalled in excess of £12million. There is a further £2.5million of capital projected for 2010/11.

### (v) Other Income (non-management fees)

2.12 There are a number of direct income sources from sales of services of legal conveyance, private sales of goods by PaLS, which are expected to contribute around £50,000 in 2010/11. BSO also collects canteen income from sales in the former Northern Board Headquarters of around £200,000. In total around £500,000 is received.

2.13 In summary the total income for 2010/11 is projected at

2.14 Income for inflation of 2.7% is anticipated at £852,000 on management fees.

### Expenditure

2.15 This section deals with the projected expenditure and is based on roll forward budgets which have been adjusted for inflation. An adjustment has been made for the removal of superannuation contributions for employers which has reduced by 2.4%.

- 2.16 Non-Payroll projections for 2010/11 have been rolled forward and assumed to be relatively stable. Inflation will be applied to budgets which experience real price inflation only.
- 2.17 The savings target applied is based on the figures supplied by DHSSPS in June 2009 of £1.146 million in 2010/11. This is the subject of discussion at DHSSPS level at present and may change.
- 2.18 All figures are estimates at this stage. Final budgets will be provided to the BSO Board in June 2010.
- 2.19 The table overleaf shows the budgeted pay and non pay for 2010/11

**CORE SERVICES  
PROJECTED EXPENDITURE BUDGETS 2010/11**

	£ 000	£ 000
PAY BUDGETS 09/10		30,350
less Transfer to HSCB	(1230)	
less superannuation	(354)	
less other adjustments	(285)	
		<u>(1,869)</u>
Opening Pay Budget 2010/11		28,481
Less RPA Savings (10/6/10)		<u>(1,146)</u>
		27,335
Pay Award Est @ 2.7%		<u>738</u>
<b>Total pay budget</b>		<b>28,073</b>
Non Pay Budgets 09/10		7,088
Add Adjustment		<u>622</u>
Opening Non Pay Budget		7,710
Inflation @2.7%		<u>208</u>
<b>Total Non-pay budget</b>		<b><u>7,918</u></b>
Total Projected Expenditure		28,073
Pay		<u>7,918</u>
Non Pay		<u>35,991</u>

- 2.20 The assumption in relation to the RRL from DHSSPS for managed services is that it will breakeven as is assumed for the sales of goods from PaLS.

### Combined Income & Expenditure Position

2.21 Based on the anticipated budgets for expenditure and the current assumptions on income levels, the combined income and expenditure position is shown overleaf.

#### COMBINED PROJECTED INCOME + EXPENDITURE POSITION 2010/11

	CORE SERVICES £000	MANAGED SERVICES £000	TRADING ACCOUNT £000	TOTAL £000
Income				
Mgt Fees	32,708			32,708
Less RPA savings	<u>(1,146)</u>			<u>(1,146)</u>
Inflation Uplift (2.7)	852			852
Total Management Fees	32,414			32,414
RRL (DHSSPSNI)	2,877	19,248		22,125
RRL (ICT Programme)	12,000			12,000
Sale of Stocks			38,000	38,000
Other Income	<u>500</u>	<u>—</u>	<u>—</u>	<u>500</u>
Total Income (All Sources)	<u>47,791</u>	19,248	38,000	105,039
Expenditure				
Pay	(28,073)			(28,073)
Non Pay	<u>(19,918)</u>	<u>(19,248)</u>		(39,166)
Cost of Goods Sold			<u>(38,000)</u>	<u>(38,000)</u>
Total Expenditure	<u>(47,991)</u>	<u>(19,248)</u>	<u>(38,000)</u>	<u>(105,239)</u>
Net Surplus/(Deficit)	(200)	0	0	(200)

#### Conclusion

2.22 The resultant end position is a deficit of £200,000. This is dependant on the level of savings required for RPA targets which is yet to be finalised. Any increase in this target will increase the deficit. BSO will have in place options to reduce the deficit.

- ◆ The full year effect of VER for 2009/10
- ◆ Potential savings from implementing an EPES style solution.
- ◆ Accessing a proportion of the savings accruing to HSC for the reduction in the cost of legal counsel as a result of an invitation by BSO Directorate of Legal Services.
- ◆ Recruitment controls.

2.23 BSO will work closely with the HSCB and Trusts to manage its costs and attempt to secure additional income for the services it provided.

## 11. MONITORING THE PLAN

- ◆ It is intended that each of the service areas, and the BSO as a whole, will develop balanced scorecards.
- ◆ These scorecards will be based, in line with the board agreed performance management framework, around the four quadrants of Finance, Process, Learning & Growth and The Customer.
- ◆ The purpose of the scorecards is fourfold

### **Check for Compliance**

The scorecards will highlight whether objectives are being met and will provide a compliance & governance route right through our organisation, SMT, Chief Executive and the Board. They will allow judgement to be made with regards to the likelihood of success of achieving objective.

### **Communicate Position**

The scorecards will be simple in structure and content and will provide a simple vehicle to communicate performance. The scorecards will form the main tool for communicating performance and will ultimately be placed on both the Intranet and Internet net for all stakeholders to review and understand how we are performing.

### **Confirm Priorities**

The Scorecards will be inextricably linked to key objectives. Therefore if “what gets measured gets managed” and we are measuring the right things, linked to objectives, then the scorecards are a key tool for connecting corporate actions to corporate objectives.

### **Compel Action**

The scorecards will not simply be an exercise in measurement, but rather in management. Therefore when performance against the scorecard is not as expected, key actions will need to be delivered to ensure that performance comes back into line. This will take place at all levels of the organisation including Board and Senior Management Team.

Overall scorecards will be produced on a quarterly basis throughout the life of this plan.

***Appendix A—REVIEW OF OBJECTIVES 2009-2010***

## Appendix A

### **Strategic Objective 1 - To develop the organisation from the legacy structures into an effective and efficient Business Services Organisation.**

<b>Corporate Objective</b>	<b>Status</b>	<b>End Year Comment</b>
1. By 30 <sup>th</sup> June 2009 to have produced a Board Approved clear BSO Reconfiguration Plan to cover all aspects of delivering the new organisation.	Green	<p>The reconfiguration plan was produced for the June Board meeting. It outlined key actions for the BSO within the first year of its existence.</p> <p>The plan was proactively managed and progress was reviewed at all board meetings.</p> <p>All key actions were progressed and the plan has closed for the year.</p>
2. By the 30 <sup>th</sup> June 2009 to have agreed a clear funding baseline for the effective functioning of the BSO	Green	Due diligence was completed and financial control applied across the organisation.
3. By 30 <sup>th</sup> June 2010, The senior team members will have carried out a total of 30 staff engagement workshops, across the complete spectrum of the BSO, to develop a shared vision and understanding of the values, purpose and objectives of the BSO.	Green	<p>Three phases of staff engagement workshops were carried out with staff across the whole of the BSO. Two were Chief Exec led and the other was Director led.</p> <p>These workshops provided an opportunity for staff engagement on a range of issues including the Values and Mission of the BSO</p> <p>The agreed Values and Mission were signed off by the Board in October.</p>
4. By September 2009, To complete all third and fourth line appointments throughout the BSO	Green	This objective was achieved within a revised timeframe of March 2010

**Strategic Objective 2 - To become a Customer focussed organisation and to drive customer satisfaction.**

<b>Corporate Objective</b>	<b>Status</b>	<b>End Year Comment</b>
5. By September 2009, To have carried out a baseline assessment of customer satisfaction of all major service lines.	Green	<p>This objective was achieved against a revised timeframe of March 2010.</p> <p>Nine service areas carried out customer satisfaction surveys with a total of 340 respondents representing all customers.</p> <p>Each service area has now an established baseline for future improvement work.</p> <p>A full report of findings and actions is proposed to be brought to the Board .</p>
6. By 30 <sup>th</sup> September 2009, to have developed, and be beginning to implement a new customer relationship strategy and action plan.	Green	<p>The strategy was approved at the October Board meeting.</p> <p>Key actions delivered to date include the completion of the customer surveys and the creation of partnership forums for smaller agency customers.</p>
7. By September 2009, to have developed, for key services, customer agreed service level agreements and by March 2010 to meet the key embedded objectives within the agreements	Green	<p>This objective was achieved against a revised timeframe.</p> <p>All services, for all customers, were covered by an SLA.</p> <p>Monthly monitoring of key SLA targets began in January 2010, and now all customers get a monthly KPI report highlight performance to date.</p>
8. By March 2010 to have in place customer improvement plans across the range of BSO services, focused on further improving on the customer satisfaction baseline.	Amber	<p>This objective will not be achieved in the original timeframe, as the customer surveys were only completed by the 31<sup>st</sup> March 2010.</p> <p>Work is currently underway to develop the plans and implementation will begin within the 1<sup>st</sup> Quarter of 2010/11.</p>
9. By September 2009, to have developed relevant and appropriate people related strategies.	Green	<p>This objective was achieved against a revised timeframe as all policies were approved at the December board meeting.</p>

**Strategic Objective 3 - To develop a successful BSO through a committed focus on****Results**

<b>Corporate Objective</b>	<b>Status</b>	<b>End Year Comment</b>
10. By September 2009, to have developed a corporate performance management framework including corporate and directorate scorecards.	Green	Paper presented and approved at the October board meeting. It was agreed that the scorecards would become an important tool to be used in 2010/11 against the new service delivery plan.
11. By September 2009, to ensure sound governance structures exist which include a board approved assurance framework	Green	The assurance framework was approved at the June board meeting. Risk management and governance processes were established and have become further embedded over the year.
12. By March 2010, ensure that key deliverables with each customer service level agreement are agreed as met by our customers	Not assessed yet	Reviews of annual SLA performance, per customer, will be carried out within the 1 <sup>st</sup> Quarter of 2010/11. Following the reviews, this objective can be fully assessed.
13. By December 2010, to introduce a revised individual performance review process and culture which connects individual contribution and development to organisational performance.	Amber	Following proposals shared with SMT the revised process is in the final stages of development.  It is proposed to launch the new process within the 1 <sup>st</sup> Quarter of 2010/11
14. By March 2010, to have produced an initial 'Investors in People action plan with a view to corporate accreditation within 2012	Amber	The action plan is now proposed to be developed in the first quarter of 2010. This is now a key target in the corporate plan 2010-13.
15. Carry out an initial staff satisfaction survey and develop an action plan based on the findings.	Green	The staff satisfaction survey was carried out on a regional basis. It is expected that the results will be made available to the BSO in April 2010.

**Strategic Objective 4 - To Modernise, Innovate & deliver Service Improvement in preparation for a shared services environment**

<b>Corporate Objective</b>	<b>Status</b>	<b>End Year Comment</b>
16. To have carried out a baseline assessment against the European Foundation for Quality Management (EFQM) for the BSO as a Corporate Entity. As a result develop a 3yr continuous improvement plan for the organisation with a view to being recognised as excellent by the Northern Ireland Quality Award process by 2014.	Amber	In light of the newness of the organisation, and therefore the value of carrying out an effectiveness review within the first year of existence, this target has moved into the 2010 / 11 timeframe.
17. By March 2010, to Increase the volume of electronically received stock requisitions to 50%	Green	End year performance at 56.83%
18. By March 2010 increase the Electronic Materials Management ward coverage by 115 wards to a total of 325	Green	The end year total was 107 additional. This target was re-profiled to take into account of a 50% reduction in the capital allocation for the project. Despite the reduction in capital, the project was still able to deliver 93% of the original target.
19. By March 2010, within Family Practitioner Services to have increased processing by WTE by an average of 5% on the March 2009 baseline.	Green	Processing per WTE increase by an average of 9.8% throughout across FPS.
20. By March 2010, within Procurement Services to have reduced the average processing time per requisition to three days and under	Green	End year performance at 2.93 days
21. By March 2010, within Logistic Services to increase the percentage of products supplied on first request to 96%	Green	End year performance is 97.6%

**Strategic Objective 4 (Contd.)- To Modernise, Innovate & deliver Service Improvement in preparation for a shared services environment**

22. By March 2010, Within Legal Services to have ensured between 80% and 90% of available solicitor time is used	Green	The 2009/10 average performance is 97.3%. This reflects additional work carried out by individuals in light of staff on maternity leave.
23.To have sustained the current ISO9000 accreditation (s) across the organisation with a view to corporate accreditation in 2012 – 13.	Green	PALS and Legal Services sustained their accreditation within the year. It is planned that FPS will begin preparation in 2010/11
24. By September 2009, to develop key strategic objectives in relation to other services including Probity, Internal Audit, Superannuation, DIS, Finance and Human	Green	All services developed and delivered against objectives as articulated through the Service Delivery Plan
25. To have worked in partnership with DHSSPS to develop a strategy for the roll out of EPES to all potential users.	Green	The DHSSPS project to roll out EPES fully to community pharmacies is still in place, however there has been no significant movement in securing PCCs agreement to the full project implementation. In parallel, BSO has worked to identify and test an interim solution which capitalises on the technology provided to BSO as part of the EPES project. BSO and HSC Board officers met with PCC on 2nd March 2010 to brief them on the interim solution and secure their support to its implementation. Several meetings have ensued where PCC have sought additional information/assurances about the interim solution, and this has culminated in a final commitment to support the BSO approach on 21st April 2010. A letter was formally issued to all community pharmacists to confirm the new processes to be adopted on 22nd April 2010. BSO will now move ahead to implement the interim approach with prescriptions submitted from May 2010 onward.

**Strategic Objective 5 - To create, maintain and develop values added Partnerships**

Corporate Objective	Status	End Year Comment
<p>26. To have established customer partnership boards with all customers of the BSO. The boards will both reflect on performance whilst providing a forum for partnership development of products and services.</p>	Green	<p>Structures have been reviewed in all major service areas. Throughout the year various form of customer forums have continued, been developed and implemented. This has covered ITS, PALS, Equality, ORECNI, Legal Services, &amp; Internal Audit.</p> <p>Both Finance and Human Resources forums are scheduled to begin in the 1<sup>st</sup> quarter of 2010.</p> <p>Discussions are underway as to the appropriate forum structures for Family Practitioner Services and Counter Fraud and Probity Services.</p>
<p>27. To have established a regular programme of customer visits by members of the Senior Management Team across the range of key service areas.</p>	Green	<p>Directors have regularly met with customers throughout the year. Formal meetings have taken place with all customers and have covered all services.</p>
<p>28. Work in partnership with the DHSSPS to ensure the successful delivery of the Phase two elements of the BSO to include the development of a sound shared services model and the progression of systems replacement projects.</p>	Amber	<p>The BSO has worked proactively with the Business Services Transformation Programme to progress the Shared Services Agenda. As of the 31<sup>st</sup> March 2010 a submission is with the Minister proposing that the procurement for systems replacement progresses and that consultation can begin on the location of shared services centres.</p>

**Strategic Objective 6 - To manage Resources Effectively**

<b>Corporate Objective</b>	<b>Status</b>	<b>End Year Comment</b>
29. Ensure that the Agenda for Change review process is completed and the KSF process is fully implemented.	Amber	One AFC review is outstanding at 30 March 2010. KSF has not been actioned to date and rolls forward to 2010/11
30. To ensure that the BSO delivers effective services from a breakeven position	Green	Breakeven achieved
31. To ensure that the BSO delivers appropriate CSR savings	Green	The BSO met its savings targets, and so doing contributed to the £10million savings target for RPA phase two organisations
32. To have completed all structural changes so as to ensure that services are in effect merged therefore removing inefficiencies driven from duplication of function.	Green	The vast majority of structural changes have been completed. The BSO consulted widely on its proposed changes and locations. The final parts of these changes were approved by the BSO board February 2010, and the few outstanding issues are progressing to completion by June 2010.

**Appendix B—POTENTIAL NEW AREAS OF SERVICE FOR THE BSO**

Area of Service	New Service	What will the New Service/s Do?
Family Practitioner Services	Call/Recall Services	<p>A Bowel Cancer Screening Programme is being introduced to Northern Ireland. It has a number of different strands: Call/Recall, Helpline, Laboratory Service, Endoscopy Services, Quality Standards and Performance Management.</p> <p>The Call/Recall Centre will be based in Family Practitioner Services in Franklin Street, linked to the existing Cervical Screening Call/Recall Centre. The Centre will also provide a helpline facility to the programme.</p> <p>The Programme is scheduled to go live in April 2010 when the first invitation letters to participate will be issued. It will take two years to invite all 60-69 year olds to participate in the programme.</p> <p>Following the establishment of the Bowel Screening Programme, the BSO will work proactively with other partners to identify further opportunities for call/recall services e.g. Child Immunisation, Breast Screening.</p>
ICT	Electronic Care Record	<p>With the organisational changes brought about by RPA, the responsibility for ICT delivery in HSC moved to the BSO.</p> <p>Work has commenced on the development of an Electronic Care Record for HSCNI. This should make best use of patient data already held in a variety of systems across the health and social care spectrum and to provide clinicians with the relevant information needed to care for their patients. The eventual objective is to roll out the Electronic Care Record on a regional basis.</p> <p>A limited Electronic Care Record Service in the Belfast and South Eastern Trusts and in a small number of local General Practices has been implemented from early February 2010. The pilot will continue for a 6-9 month evaluation period. The focus of the pilot will be on acute medical patients across hospital, social care, general practice and A&amp;E interfaces. It will be used by care professionals only and access to patient records will be tightly controlled to those directly involved with treating the patient.</p> <p>It is proposed to work in partnership with HSC Trusts, the HSCB and the PHA to ensure that ECR is rolled out within the project timescales.</p>

Area of Service	New Service	What will the New Service/s Do?
PaLS	Social Care Procurement	<p>Procurement is defined as <i>“the process of acquisition, usually by means of a contractual arrangement after public competition, of goods, services, works and other supplies by the public service”</i>.</p> <p>The regional expenditure on procured social care for clients of HSC Trusts, HSC Board and Agencies is in excess of £ 300 million per annum. The majority of this expenditure is on domiciliary care and residential and nursing home provision.</p> <p>In 2010-11 the BSO will establish a new service within PaLS with responsibility for providing advice and guidance to HSC organisations on the procurement of services in support of social care in Northern Ireland. Approval has been received from the DHSSPS to fund the initial project to establish the service for a three year period. The proposal is that HSC Trusts would take over the funding of the service at the end of the three year project period. The project total will be approximately £ 450k.</p> <p>The service will also develop procurement strategy for social care procurement within Northern Ireland which will be based on the principles for the NI Public Sector Procurement Policy. The new service will also undertake specific regional procurement initiatives.</p>
Counter Fraud & Probity	Fraud Investigation (Secondary Care)	<p>With effect from 1 April 2010, Counter Fraud and Probity Services will provide a specialist fraud investigation service to all HSC bodies. This will involve the establishment of a new operational team and will further enhance the level of expertise available to the HSC in this specialist area.</p>
Finance	Bursaries	<p>The administration of financial support to healthcare students (i.e. nursing, allied health professional, dental technology &amp; hygiene, 5<sup>th</sup> year medical and dental and social work) has historically been managed by a number of organisations. As a result, the arrangements for payment are fragmented and supported by a variety of IT systems.</p> <p>The BSO Finance Directorate has, since October 2009, been managing a project with the aim of coming to a decision on the future administration of financial support for healthcare students in Northern Ireland.</p> <p>A more systematic, standardised approach to the payment of healthcare student support could be achieved by the establishment of a new, centralised bursary unit. It is proposed that the BSO would manage this new bursary unit under a Service Level Agreement with DHSSPS, as the second phase of the project.</p>

Area of Service	New Service	What will the New Service/s Do?
HSC Shared Services	Shared Services Centres	<p>Shared services have been identified by the DHSSPS and HSC as a key mechanism of producing significant savings.</p> <p>The development of facilities to accommodate shared services is one of the key elements in the effective implementation of the BSO. It is intended that a number of Shared Services Centres (SSCs) will be established.</p> <p>SSCs should:</p> <ul style="list-style-type: none"> <li>◆ Be accessible to the service and key stakeholders;</li> <li>◆ Minimise travel time for staff;</li> <li>◆ Observe statutory obligations for equality;</li> <li>◆ Promote office design that allows for more efficient and effective working practices, including new technology;</li> <li>◆ As far as possible, minimise disruption to services;</li> <li>◆ Support improvements in service quality and delivery;</li> <li>◆ Be consistent with existing strategies for asset management; and</li> <li>◆ Achieve value for money.</li> </ul> <p>The outcome of a Health Estates scoping exercise will inform decisions as to the identification and procurement of buildings for SSCs. Subject to Outline Business Case approval, a comprehensive project structure will be established within the BSO to ensure that the development of the new SSCs will be strongly led and implemented within the required timescales.</p>
Further Organisational Reshape	Expansion of RPA Restructuring	<p>Subject to Ministerial decisions and changes in legislation, the BSO may be asked to absorb additional business, people and service areas as part of further systems wide reorganisation.</p>